

Accomack-Northampton (PDC 22) Coordinated Human Service Mobility Plan

Counties: Accomack and
Northampton

June 2008

prepared for
Virginia Department of Rail and Public Transportation

prepared by
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and
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**Accomack-Northampton (PDC 22)
Coordinated Human Service Mobility Plan
June 2008**

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I. Executive Summary

This Coordinated Human Service Mobility Plan is prepared in response to the coordinated planning requirements of SAFETEA-LU (Safe, Accountable, Flexible, Efficient Transportation Equity Act—A Legacy for users, P.L. 109-59), set forth in three sections of the Act: Section 5316-Job Access and Reverse Commute (JARC), Section 5317-New Freedom Program, and Section 5310-Elderly individuals and Individuals with Disabilities Program. The coordinated plan establishes the construct for a unified comprehensive strategy for transportation service delivery in the Accomack-Northampton Planning District (PDC 22) that is focused on unmet transportation needs of seniors, people with disabilities, and individuals of low income.

This CHSM Plan details the coordinated transportation planning process for PDC 22, and includes the following four elements:

1. An assessment of available services identifying current providers (public and private).

Information on available transportation services and resources in PDC 22 is included in Section VI.

2. An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes— this assessment can be based on the experiences and perceptions of the planning partners or on data collection efforts and gaps in service.

For PDC 22, an analysis of demographics and potential destinations is included in Section V, and an assessment of unmet transportation needs and gaps is contained in Section VII.

3. Strategies and/or activities and/or projects to address identified gaps between current services and needs, as well as opportunities to improve efficiencies in service delivery.

The 9 strategies identified during the planning process, along with potential projects, are located in Section VIII.

4. Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.

The prioritized strategies and projects for implementation for PDC 22 are included in Section IX.

Approach to the CHSM Plan

Ultimately, the CHSM Plan must:

- Serve as a comprehensive, unified plan that promotes community mobility for seniors, persons with disabilities, and persons of low income;
- Establish priorities to incrementally improve mobility for the target populations; and
- Develop a process to identify partners interested, willing, and able to promote community mobility for the target populations.

To achieve those goals, the planning process involved:

- Quantitative analyses to identify resources, needs and potential partners;
- Qualitative activities included public meetings with major agencies and organizations funding human services, with representative direct service providers, and with consumers representing the target group constituencies; and
- An inventory of available public transit services to provide initial information tools to the target populations and their representatives.

In addition, this plan includes information on an ongoing structure for leading CHSM Plan updates and facilitating coordination activities in the region.

II. Introduction

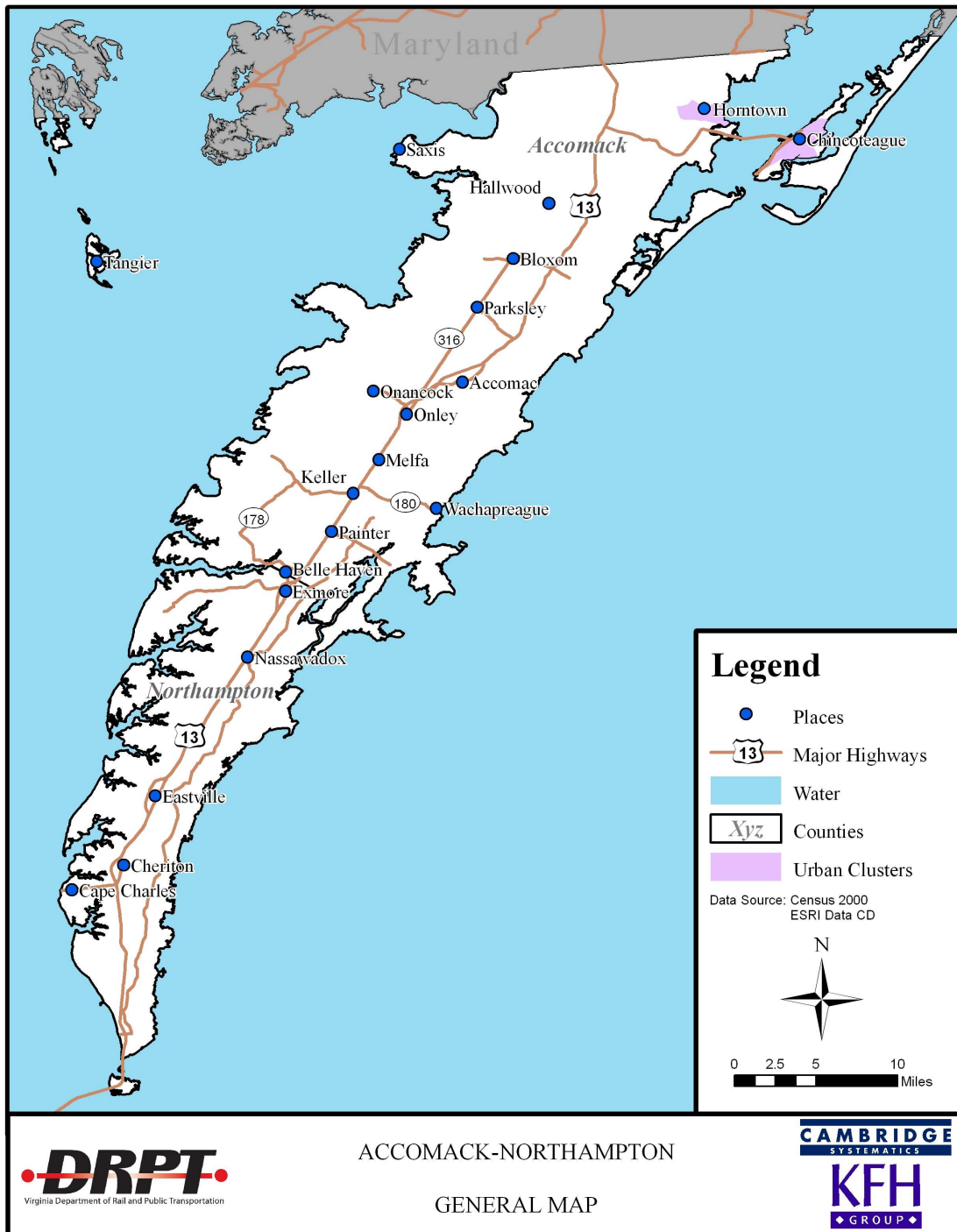
The Federal legislation that provides funding for transit projects and services includes new coordinated planning requirements for the Federal Transit Administration's Section 5310 (Elderly Individuals and Individuals with Disabilities), Section 5316 (Job Access and Reverse Commute – JARC) and Section 5317 (New Freedom) Programs. To meet these new requirements, the Virginia Department of Rail and Public Transportation (DRPT) undertook the development of Coordinated Human Service Mobility (CHSM) Plans for rural and small urban areas. As suggested by the title, these plans take a broad view of the mobility issues faced daily by older adults, people with disabilities and people with lower incomes in the Commonwealth.

The CHSM Plans are organized geographically around 21 Planning District Commissions (PDCs) throughout the Commonwealth. The PDCs have been chartered by the local governments of each planning district under the Regional Cooperation Act to conduct planning activities on a regional scale.

The initial phase of the coordinated plan development was marked by a series of regional workshops held throughout Virginia in the Spring of 2007. Representatives of the Accomack-Northampton PDC (PDC 22) participated in the Melfa workshop held on March 20, 2007. As shown in Figure 1, PDC 22 is located in the Eastern Shore of the Commonwealth, and includes Accomack and Northampton counties. Accomack is more developed in comparison with Northampton, although both are rural in nature with scattered populations and dispersed destinations, presenting distinct transportation needs for older adults, people with disabilities, and people with lower incomes. U.S. Route 13 is the main thoroughfare which connects the small towns in the region and provides access to other destinations in Maryland and the rest of Virginia.

This Plan details the workshop results for the Accomack-Northampton Planning District. It provides additional background information on the Federal requirements and Virginia's approach; Census-based demographic data for PDC 22 presented at the workshop; information on available transportation services in the region obtained during and after the workshop; and unmet transportation needs identified by workshop participants. A future workshop will focus on potential strategies to meet the needs identified in this Plan, and the priorities for implementation.

Figure 1. Geography of Accomack-Northampton (PDC 22)



III. Background

In August 2005, the President signed into law the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU), legislation that provides funding for highway and transit programs. SAFETEA-LU includes new planning requirements for the Federal Transit Administration's (FTA) Section 5310 (Elderly Individuals and Individuals with Disabilities), Section 5316 (Job Access and Reverse Commute – JARC) and Section 5317 (New Freedom) Programs, requiring that projects funded through these programs “must be derived from a locally developed, coordinated public transit- human services transportation plan”.

In March 2006, FTA issued proposed circulars with interim guidance for Federal FY 2007 funding through the Section 5310, JARC and New Freedom Programs, including the coordinated planning requirements. Circulars with final guidance were issued on March 29, 2007, with an effective date of May 1, 2007. The final guidance noted that all grant funds obligated in Federal FY 2008 and beyond must be in full compliance with the requirements of these circulars and the coordinated plan requirement¹. As the designated lead agency and recipient of Federal transit funds in Virginia—including the Section 5310, JARC and New Freedom Funds—DRPT led the development of CHSM Plans for rural and small urban areas to meet these new Federal requirements.

3.1 Coordinated Plan Elements

FTA guidance defines a coordinated public transit-human service transportation plan as one that identifies the transportation needs of individuals with disabilities, older adults, and people with low incomes; provides strategies for meeting those local needs; and prioritizes transportation services for funding and implementation. In total, there are four required plan elements.

- An assessment of available services that identifies current providers (public, private, and non-profit);
- As assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes;

¹ The final guidance from FTA on the coordinated planning requirements for the Section 5310, JARC, and New Freedom Programs can be found in the Appendix A.

- Strategies, activities, and/or projects to address the identified gaps and achieve efficiencies in service delivery; and
- Relative priorities for implementation based on resources, time, and feasibility for implementing specific strategies/activities identified.

3.2 Funding Program Descriptions

Section 5310 (Elderly Individuals and Individuals with Disabilities)

The Federal grant funds awarded under the Section 5310 program provide financial assistance for purchasing capital equipment to be used to transport the elderly and persons with disabilities. Private non-profit corporations are eligible to receive these grant funds. The Section 5310 grant provides 80% of the cost of the equipment purchased, with the remaining 20% provided by the applicant organization. The 20% must be provided in cash by the applicant organization, and some non-transportation Federal sources may be used as matching funds.

Federal Section 5310 funds are apportioned annually by a formula that is based on the number of elderly persons and persons with disabilities in each State. DRPT is the designated recipient for Section 5310 funds in Virginia.

Section 5316 (Job Access and Reverse Commute—JARC)

The Job Access and Reverse Commute (JARC) Program provides funding for developing new or expanded transportation services that connect welfare recipients and other low income persons to jobs and other employment related services. DRPT is the designated recipient for JARC funds in areas of the Commonwealth with populations under 200,000 persons. Projects are eligible for both capital (80/20 match) and operating (50/50 match).

From its inception in Federal FY 1999, the JARC program funds were allocated to States through a discretionary process. The SAFETEA-LU legislation changed the allocation mechanism to a formula based on the number of low-income individuals in each State. The legislation also specifies that, through this formula mechanism, 20% of JARC funds allocated to Virginia must go to areas with populations under 200,000.

Mobility management projects are eligible for funding through the JARC Program, and are considered an eligible capital cost. Therefore, the

Federal share of eligible project costs is 80% (as opposed to 50% for operating projects). Additional information on potential mobility management projects is included in Appendix B.

Section 5317 (New Freedom Program)

The New Freedom Program provides funding for capital and operating expenses designed to assist individuals with disabilities with accessing transportation services, including transportation to and from jobs and employment support services. Projects funded through the New Freedom Program must be both new and go beyond the requirements of the Americans with Disabilities Act (ADA) of 1990.

New service has been identified by FTA as any service or activity not operational prior to August 10, 2005 and one without an identified funding source as of that date, as evidenced by inclusion in the Transportation Improvement Plan (TIP) or the State Transportation Improvement Plan (STIP).

Similar to the JARC Program, DRPT is the designated recipient for New Freedom funds in areas of the State with populations under 200,000 persons. Similar to JARC, a total of 20% of New Freedom funds are allocated to these areas. Projects are eligible for both capital (80/20 match) and operating (50/50 match). Also, like JARC, mobility management projects are eligible for funding and are considered an eligible capital expense.

An overview of these FTA is included in Table 1.

Table 1. Program Information

FTA Program	Match Ratios
S. 5310 – Elderly and Disabled	<u>Capital Only:</u> 80% Federal 20% Local
S. 5316 – JARC	<u>Capital:</u> 80% Federal 20% Local <u>Operating:</u> 50% Federal 50% Local
S. 5317 – New Freedom	<u>Capital:</u> 80% Federal 20% Local <u>Operating:</u> 50% Federal 50% Local

Matching Funds for Section 5310, JARC, and New Freedom Programs

FTA guidance notes that matching share requirements are flexible to encourage coordination with other Federal programs. The required local match may be derived from other non-Department of Transportation Federal programs. Examples of these programs that are potential sources of local match include employment training, aging, community services, vocational rehabilitation services, and Temporary Assistance for Needy Families (TANF).

More information on these programs is available in Appendix C, and on the United We Ride website at <http://www.unitedweride.gov>. United We Ride is the Federal initiative to improve the coordination of human services transportation.

3.3 Coordination of Public Transit and Human Service Transportation in PDC 22

As part of its outreach efforts in the coordinated transportation planning process, DRPT hosted a series of regional workshops in each PDC. Details outlining the outreach efforts in PDC 22 are outlined in the next section. The initial workshop included a discussion of current and potential efforts to improve coordination of public transit and human services transportation. Participants also discussed ways to improve mobility options for older adults, people with disabilities, and people with low incomes. This general discussion highlighted various functions to improve coordination of services:

- Goals of Coordination:
 - More cost-effective service delivery
 - Increased capacity to serve unmet needs
 - Improved quality of service
 - Services which are more easily understood and accessed by riders
- Benefits of Coordination:
 - Gain economies of scale
 - Reduce duplication and increase efficiency
 - Expand service hours and area
 - Improve the quality of service
- Key Factors for Successful Coordination:
 - Leadership – Advocacy and support; instituting mechanisms for coordination
 - Participation – Bringing the right State, regional, and local stakeholders to the table
 - Continuity – Structure to assure an ongoing forum, leadership to keep the effort focused, and respond to ever-changing needs

A more specific discussion during the Melfa regional workshop identified several coordination efforts that have taken place in the Accomack-Norhampton region (PDC 22). For example, the key public transit provider—Star Transit— sells tickets to 11 agencies which are listed in “Table 4 Inventory of Available Services” in Section VI of this Plan. The Department of Rehabilitative Services also purchases transportation for

shelter workshops and coordinates with different agencies, including: Eastern Shore Community College; social service agencies of both counties, the Department of Rehabilitation, the Department of Corrections, public schools, and the Town of Chincoteague. The full list is also included in Table 4.

The current framework for coordination efforts includes an Accomack County Transportation District Board which meets monthly; a Workforce group that has some experience coordinating with other agencies to avoid service duplication; and a PDC Technical Advisory Committee structure that has agency representation to provide needed input.

Future potential coordination opportunities include shared vehicle parking, maintenance, fuel purchase, and provision for the purchase of parts off the State price list.

IV. Outreach Efforts

FTA guidance notes that States and communities may approach the development of a coordinated plan in different ways. DRPT's approach began with an initial round of regional workshops throughout Virginia. Each workshop featured discussion of the new Federal coordinated transportation planning requirements, Virginia's approach to meeting these requirements, and strategies for improving coordination of transportation services for people with limited mobility options. The majority of time dedicated to each workshop offered local stakeholders the opportunity to provide input on the local transportation needs of older adults, people with disabilities and people with lower incomes, and available transportation resources.

4.1 Invitations to Participate in Plan Development

The development of the invitation list for all potential regional workshop attendees capitalized on the established State Interagency Transportation Council that includes the Departments of/for Rail and Public Transportation; Rehabilitative Services; Aging; Blind and Vision Impaired; Medical Assistance Services; Mental Health, Mental Retardation and Substance Abuse Services; Social Services; Health; Office of Community Integration (Olmstead Initiative) and the Virginia Board for People with Disabilities. Representatives of each agency were asked to attend at least one of the regional CHSM planning workshops, and to inform and invite other interested staff from their agency or agencies with whom they contract or work with. In addition, special contacts by DRPT were made with each PDC Executive Director regarding the need for PDC participation, leadership and involvement in the regional CHSM workshops. A presentation was also made during a conference of PDC staff to obtain input on the CHSM workshops and encourage involvement by the PDCs.

Key stakeholders throughout the Commonwealth also received digital invitations from Matthew Tucker, Director of DRPT. The invitation was forwarded to the Executive Director of all primary agencies responsible for providing or arranging human service transportation, and any entity that has previously participated in the Section 5310 Program.

Overall, eight broad categories of agencies received invitations:

- Community Services Boards (CSBs) and Behavioral Health Authorities (BHAs). These boards provide or arrange for mental

health, mental retardation and substance abuse services within each locality. (40 total)

- Employment Support Organizations (ESOs). These organizations provide employment services for persons with disabilities within localities around the State. (48 total)
- Area Agencies on Aging (AAAs). These organizations offer a variety of community-based and in-home services to older adults, including senior centers, congregate meals, adult day care services, home health services, and Meals-on-Wheels. (22 total)
- Public Transit providers. These include publicly or privately-owned operators that provide transportation services to the general public on a regular and continuing basis. They have clearly published routes and schedules, and have vehicles marked in a manner that denotes availability for public transportation service. (50 total)
- Disability Services Boards. These boards provide information and resources referrals to local governments regarding the Americans with Disabilities Act (ADA), and develop and make available an assessment of local needs and priorities of people with physical and sensory disabilities. (41 total)
- Centers for Independent Living (CILs). These organizations serve as educational/resource centers for persons with disabilities. (16 total)
- Brain Injury Programs that serve as clubhouses and day programs for persons with brain injuries. (12 total)
- Other appropriate associations and organizations, including Alzheimer's Chapters, AARP, and the VA Association of Community Services Boards (VACSB).

4.2 Regional Workshops

DRPT conducted an initial round of regional workshops throughout Virginia, and representatives of PDC 22 participated in the Melfa workshop on March 20, 2007. This workshop included an overview of the new Federal requirements and Virginia's approach; information on the Section 5310, JARC, and New Freedom Programs; and a presentation of the Census-based demographic data for the region. The workshop also included the opportunity to gain input from participants on unmet

transportation needs and gaps. The majority of time in the workshop was dedicated to obtaining input on the local transportation needs of older adults, people with disabilities, and people with lower incomes, and on available transportation resources.

Participants from PDC 22 were invited to a subsequent workshop, held in Accomack, VA on October 30, 2007. This workshop focused on potential strategies and projects to meet the needs identified in this Plan, and the priorities for implementation. Participants provided comments on the proposed strategies, and approved the ones included in Section VIII.

A third workshop for PDC 22 was held in Accomack, VA on June 17, 2008. This workshop included a review of the April 2008 CHSM Plan and final agreement on the components of this June 2008 version. The coordinated planning participants also provided a more formal endorsement of the CHSM Plan that is detailed in Section X.

A full listing of workshop participants is included in Appendix D.

4.3 Opportunities to Comment on Plan

In addition to the comments obtained during the regional workshops, local stakeholders received preliminary portions of this plan to review, as well as draft versions of the entire plan. Their comments were incorporated into this CHSM Plan.

V. Demographics and Potential Destinations

To provide an informational framework for the Accomack-Northampton Coordinated Human Service Mobility plan, data on the three potentially transit dependent populations and on potential destinations were collected and analyzed using Geographic Information Systems (GIS) and other data analysis tools.

5.1 Methodology

The process of assessing transportation needs was a multi-part effort that involved reviewing and summarizing the demographic characteristics of the PDC and the potential destinations, which reflect potential travel patterns of residents. To evaluate transportation needs specific to each population group, Census 2000 data for persons over age 60, persons with disabilities (age 5 and over), persons below the poverty level, as well as autoless households, were mapped. Autoless households are a helpful indicator of areas that are more likely to need transportation options because residents do not have access to a personal vehicle or cannot drive for various reasons.

The underlying data at the block group level is shown in Appendix E. Mapping the geographic distribution of each population segment allowed a visual representation of the analysis of high, medium, and low levels of transportation need throughout the region. Figures for these four segments were then combined into aggregate measures of transportation need, allowing evaluation of need by both density and percentage of potentially transit-dependent persons. This population profile was used to identify areas of the PDC that have either high densities of persons in need of transportation services or high percentages of the population with such needs. General population density was also mapped to give an idea of the PDC's density compared to the maps of the numbers of people in each key population segment.

The results of the process are summarized as follows and are intended to help identify: 1) those geographic areas of the PDC that have high relative transportation needs and whether these areas are served by existing transportation services, and 2) the potential destinations that older adults, people with disabilities, and people with lower incomes need transportation to access.

5.2 Demographics

One note that applies to all the demographics maps concerns Assateague Island, to the east of Chincoteague in Accomack County. Assateague Island consists of the Chincoteague National Wildlife Refuge and the Assateague Island National Seashore. However, this area appears to have populations of potentially transit dependent persons in the analysis maps because the census block group that represents this area includes a portion within the Town of Chincoteague, which has a significant population and population density. The numbers displayed on the demographics maps likely represent the population in Chincoteague and not residents on Assateague Island.

Population Density

Population density is an important indicator of how rural or urban an area is, which in turn affects the types of transportation that may be most viable. While fixed-route transit is more practical and successful in areas with 2,000 or more persons per square mile, specialized transportation services are typically a better fit for rural areas with less population density.

As shown in Figure 2:

- The Accomack-Northampton region has a very low population density, with the majority of the region inhabited by less than 500 people per square mile.
- Onancock and Chincoteague are the only areas with higher population densities, between 1,000 and 2,000 persons per square mile.

Number of Older Adults, People with Disabilities, and People with Lower Incomes

The numbers of older adults, people with disabilities, and people with lower incomes were mapped in Figures 3, 4, and 5, respectively. While these Figures are helpful indicators of the physical distribution of these population segments, it is important to remember that these numbers cover large areas; therefore, density or a lack thereof will be important in considering the types of transportation that can best serve these populations.

As shown in Figure 3:

- Accomack-Northampton is heavily populated by persons who are 60 years of age and older.
- All of the region's census block groups have 100 or more older adults; the majority of the region has over 200 per census block group.

As shown in Figure 4:

- Located on the eastern portions of Accomack County, Horntown and Parksley have the two highest numbers of persons with disabilities in the Accomack-Northampton region.
- The majority of Northampton County and areas along the eastern shore of Accomack County have 100 to 200 persons with disabilities per block group.
- The west-central portion of the region has a lower number of persons with disabilities as do a few block groups spread throughout the PDC.

As shown in Figure 5:

- The northern half of Accomack County, southeast Accomack County, and western Northampton County have high numbers of persons living below poverty.
- The rest of the region largely lies in the medium range, with 100 to 200 persons below poverty per block group.
- A few block groups in the central part of the region and northern Chincoteague have less than 100 persons below poverty.

Autoless Households

Persons who have limited access to or ability to use a car rely on other transportation options, including public transit services operated in the region and on human service organization-provided transportation that is generally restricted to agency clients.

As shown in Figure 6:

- The majority of the PDC has a high number of households with automobiles per block group.

- Horntown, Cape Charles, and Tangier are the only places in the region that have a high number (over 100 households per block group) of autoless households.
- Several block groups spread throughout the PDC have a medium (50-100) number of autoless households.

Ranked Density and Percentage

As described earlier, the numbers of older adults, persons with disabilities, and persons below poverty, along with the number of autoless households were combined into an aggregate measure for transportation need. Because an individual may belong to more than one of the key population segments, the absolute numbers of these populations cannot simply be added together to obtain a total number of transportation dependent persons. To minimize counting such individuals multiple times when considering all the population segments together, each population segment was ranked. Then all the rankings were summarized to ascertain each block group's overall ranking for potentially transit dependent persons. This overall ranking was first done by density, which helps identify areas with high concentrations of persons who are likely to have transportation needs.

As shown in Figure 7:

- The highest concentrations of potentially transit dependent persons are located in Chincoteague, Parksley, Onancock, Tangier (Accomack County), and Exmore and Cape Charles (Northampton County).
- Most medium ranking areas with potentially transit dependent persons are located in along U.S. Route 13.
- The majority of Accomack County and eastern Northampton County have block groups in the lower range of relative transit need based on ranked density.

The block groups were also ranked overall by percentage. Unlike the density ranking that portrays the concentration of transportation dependent persons, the percentage ranking captures the proportion of people within a block group that likely has transportation needs. The percentage ranking indicates that there are potentially transit dependent persons throughout the region who may not live in dense clusters.

As shown in Figure 8:

- Unlike transit need ranked by density, transit need ranked by percentage indicates that more block groups have a medium and high transit need.
- Western Northampton County and block groups near Tangier, Bloxom, Parksley, Onancock, Melfa, and Belle Haven in Accomack County have high relative transit need by percentage.
- Significant portions of both Accomack and Northampton Counties lie in the medium range for relative transit need by percentage.
- Northeastern Accomack County and two areas on the PDC's western shore have low relative transit needs by percentage.

Figure 2. Population Density

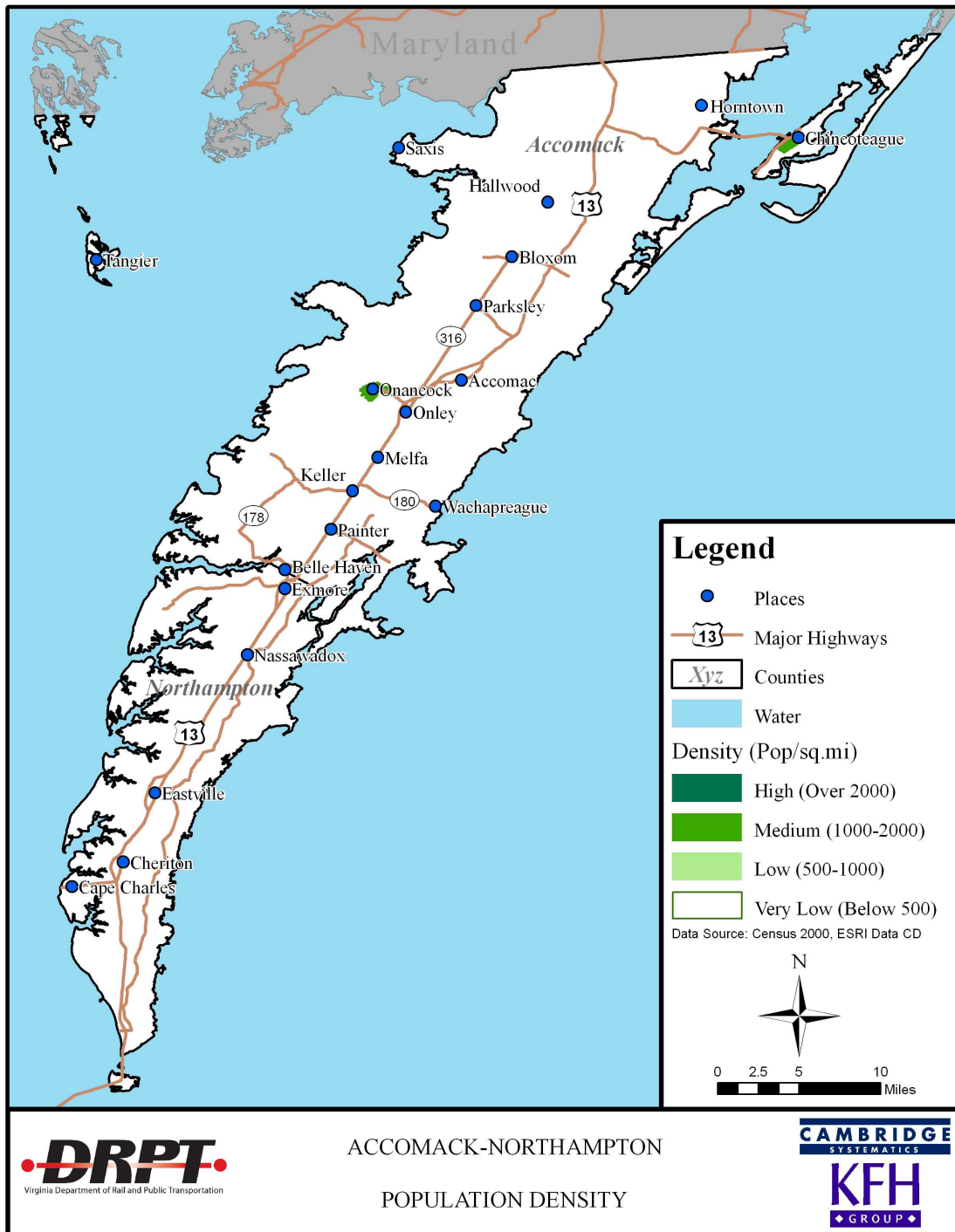


Figure 3. Persons Age 60 and Older Per Census Block Group

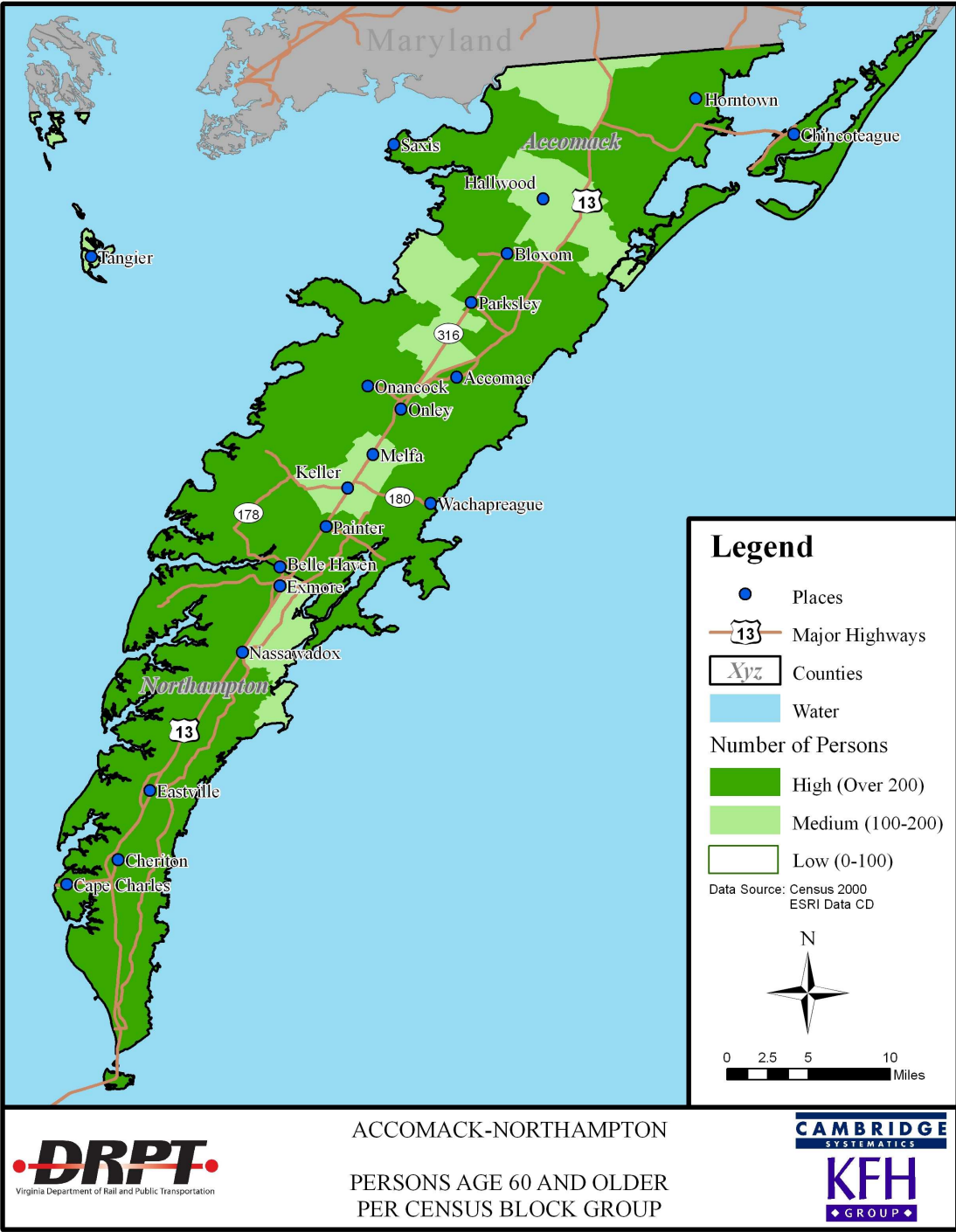


Figure 4. Persons With Disabilities Per Census Block Group

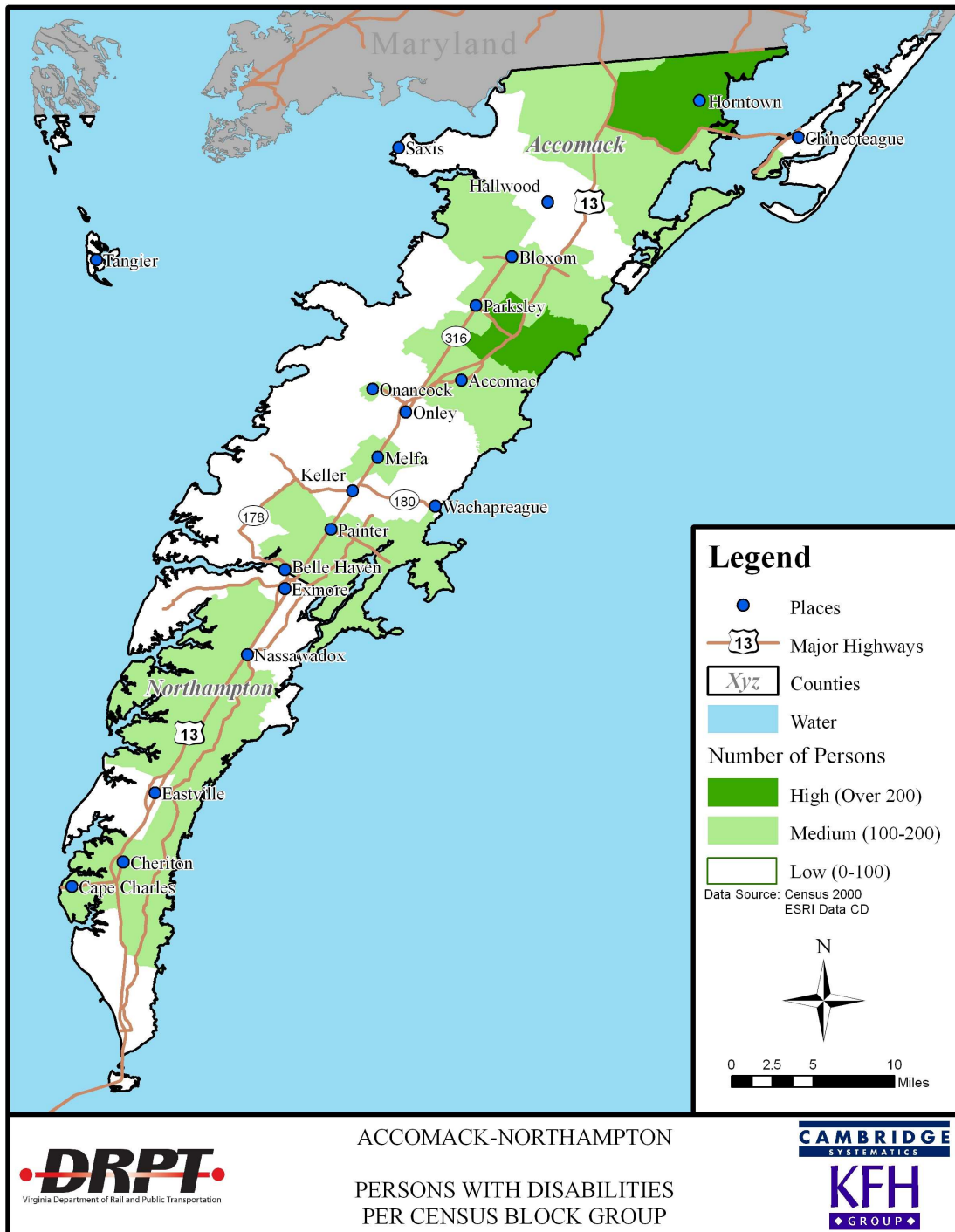


Figure 5. Persons Below Poverty Per Census Block Group

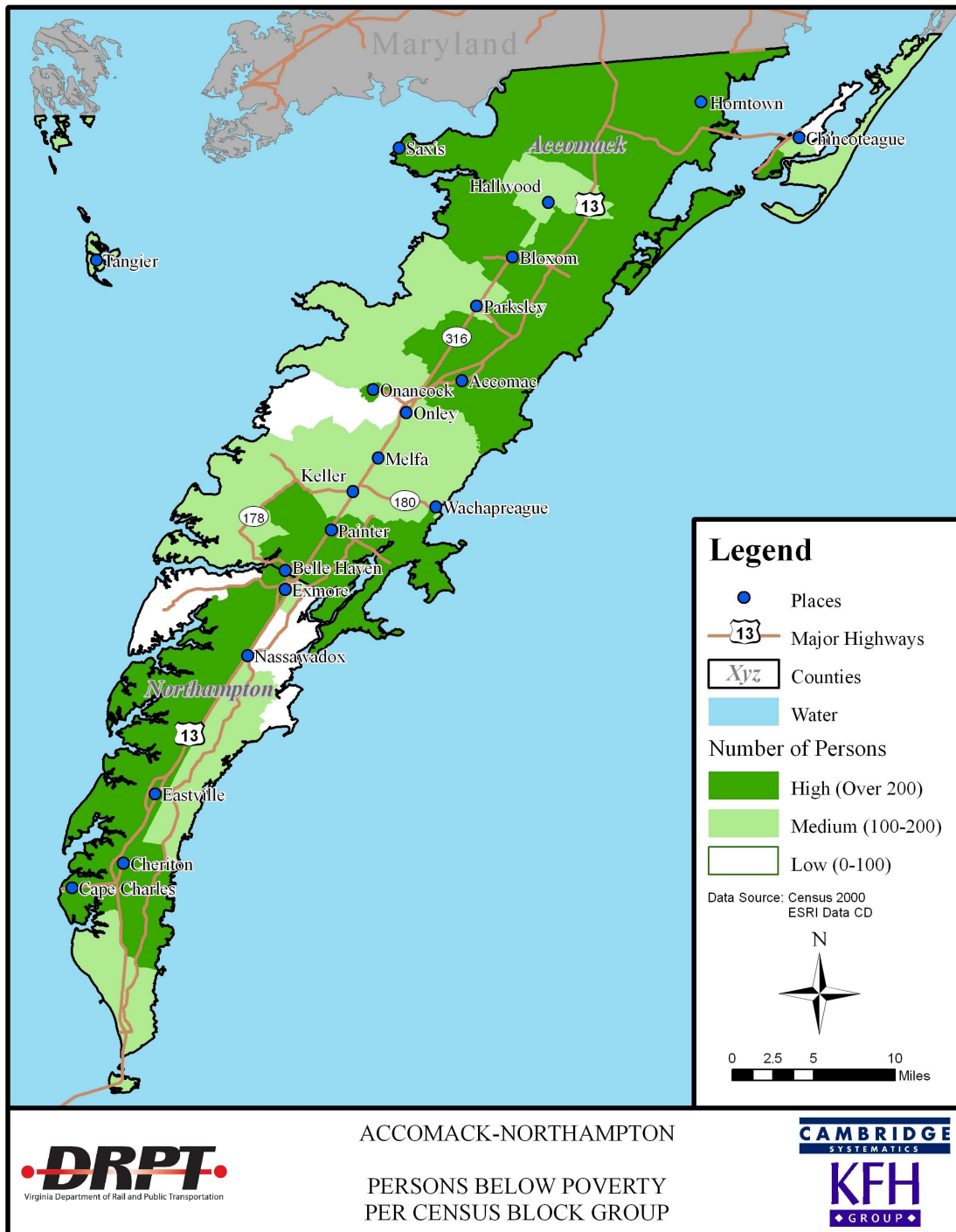


Figure 6. Autoless Households Per Census Block Group

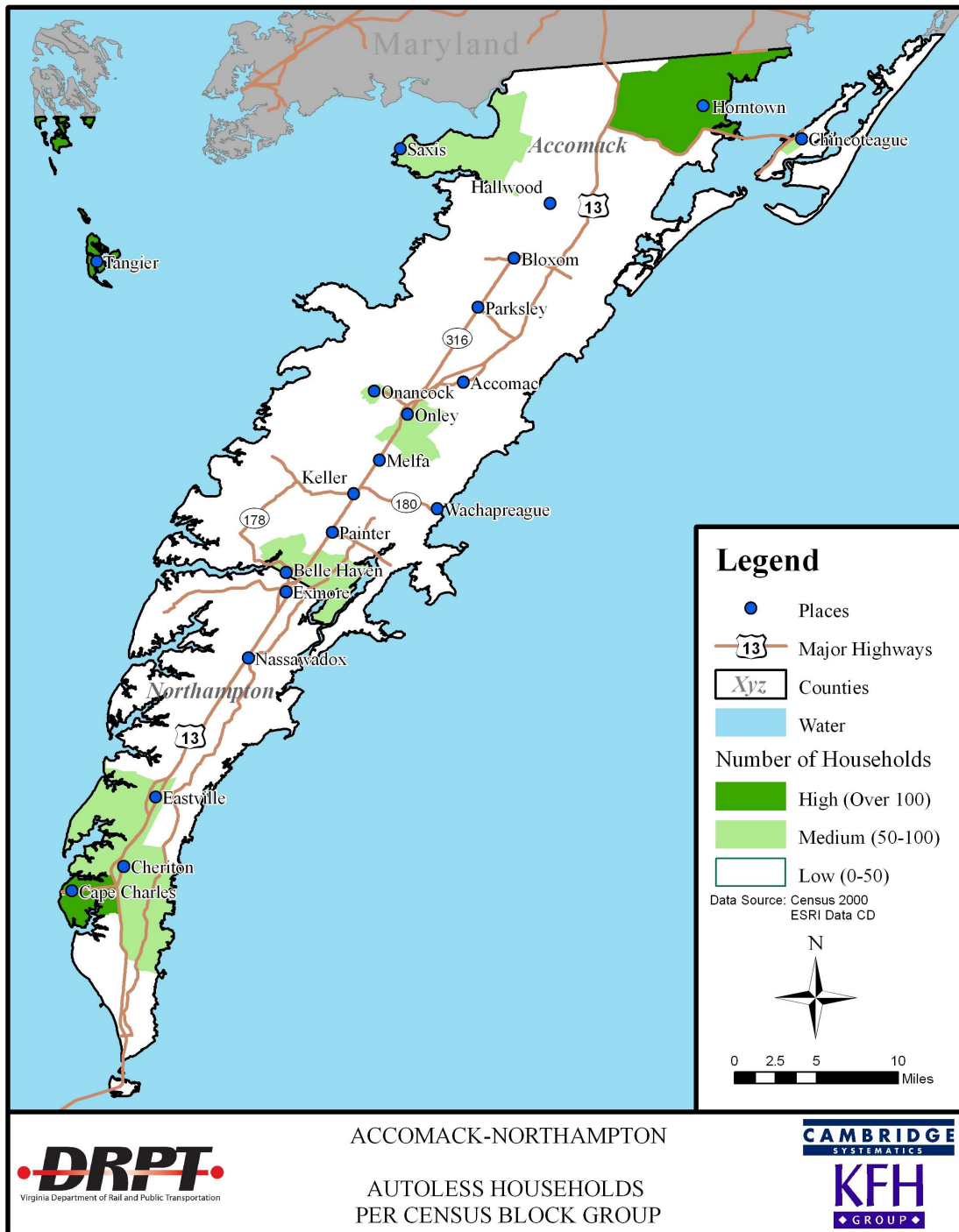


Figure 7. Transit Need by Ranked Density of Transit Dependent Persons

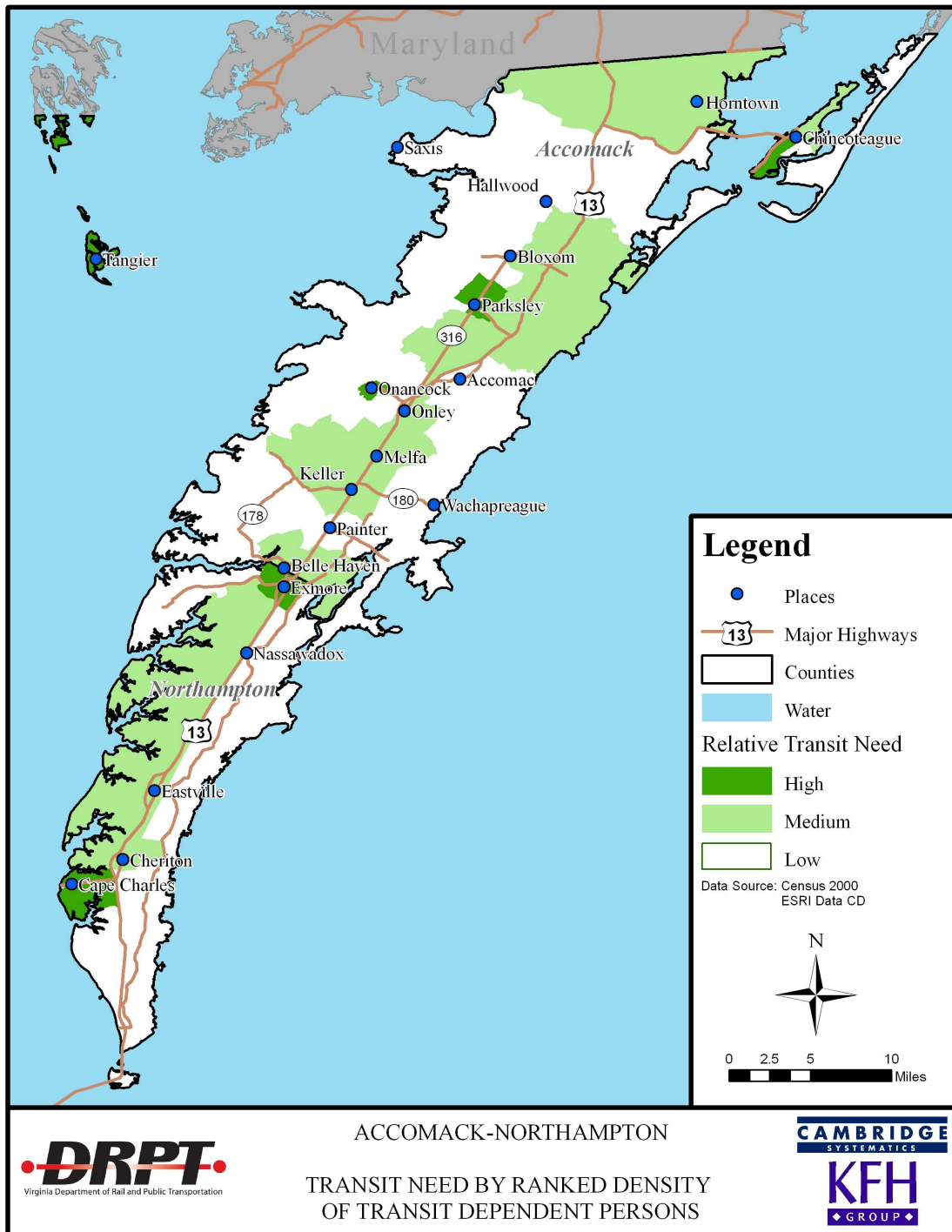
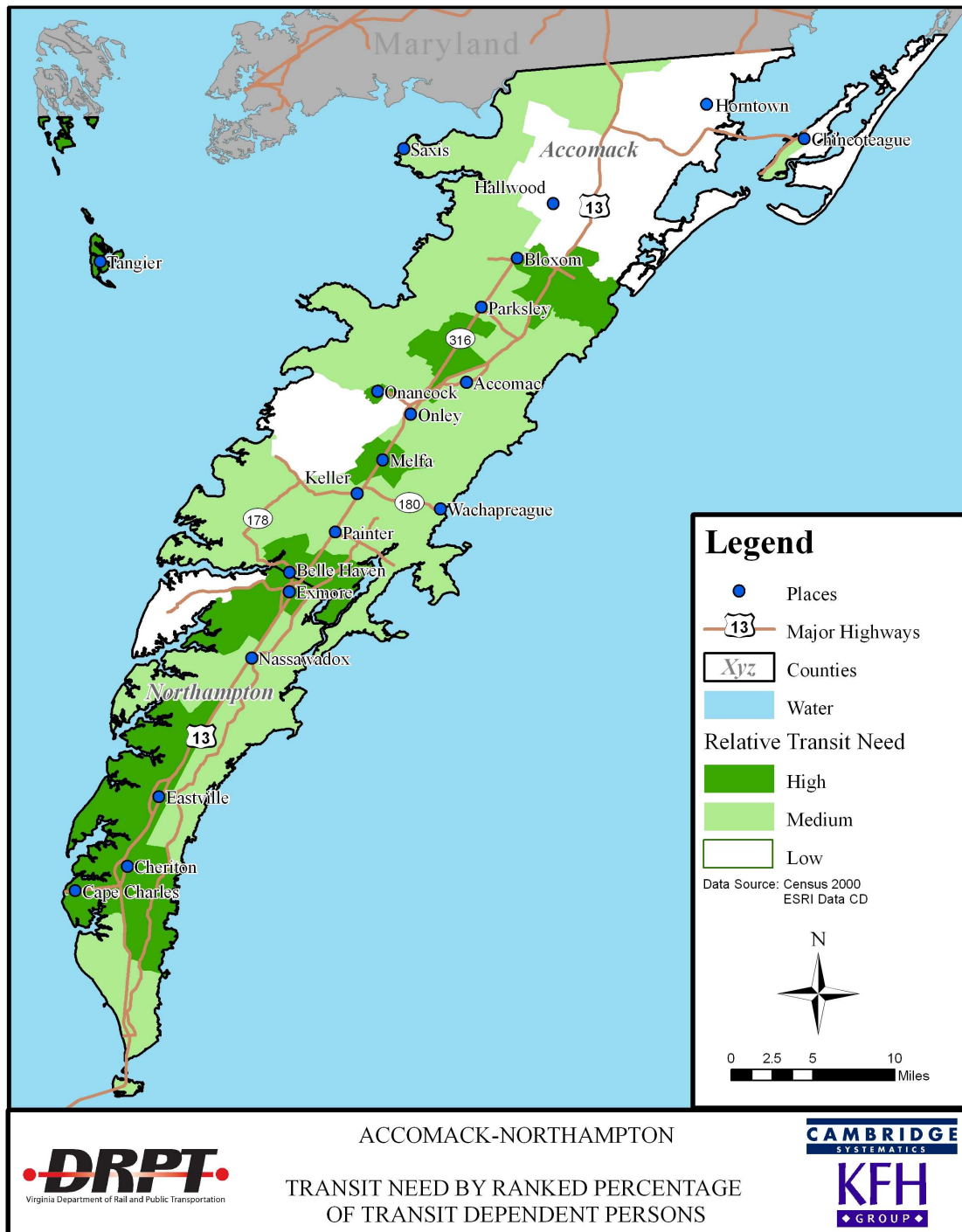


Figure 8. Transit Need by Ranked Percentage of Transit Dependent Persons



5.3 Potential Destinations

Potential destinations are places that residents are attracted to for business, medical services, education, community services, and recreation. They include major employers, medical facilities, educational facilities, human services agencies, and shopping destinations. These destinations were identified using local websites and resources and supplemented with research through online search engines such as Google. The destinations were then mapped with GIS to give a visual representation of popular places to which transportation may be requested by older adults, people with disabilities, and people with lower incomes. The potential destinations were mapped in Figure 9, and are listed by type and location in Table 2.

As shown in Figure 9:

- Of the four college and vocational schools located in the PDC, three are in Accomack County. Most other potential destinations, such as shopping centers, medical facilities, and major employers, are spread throughout the PDC and are situated along U.S. Route 13.

Figure 9. Potential Destinations

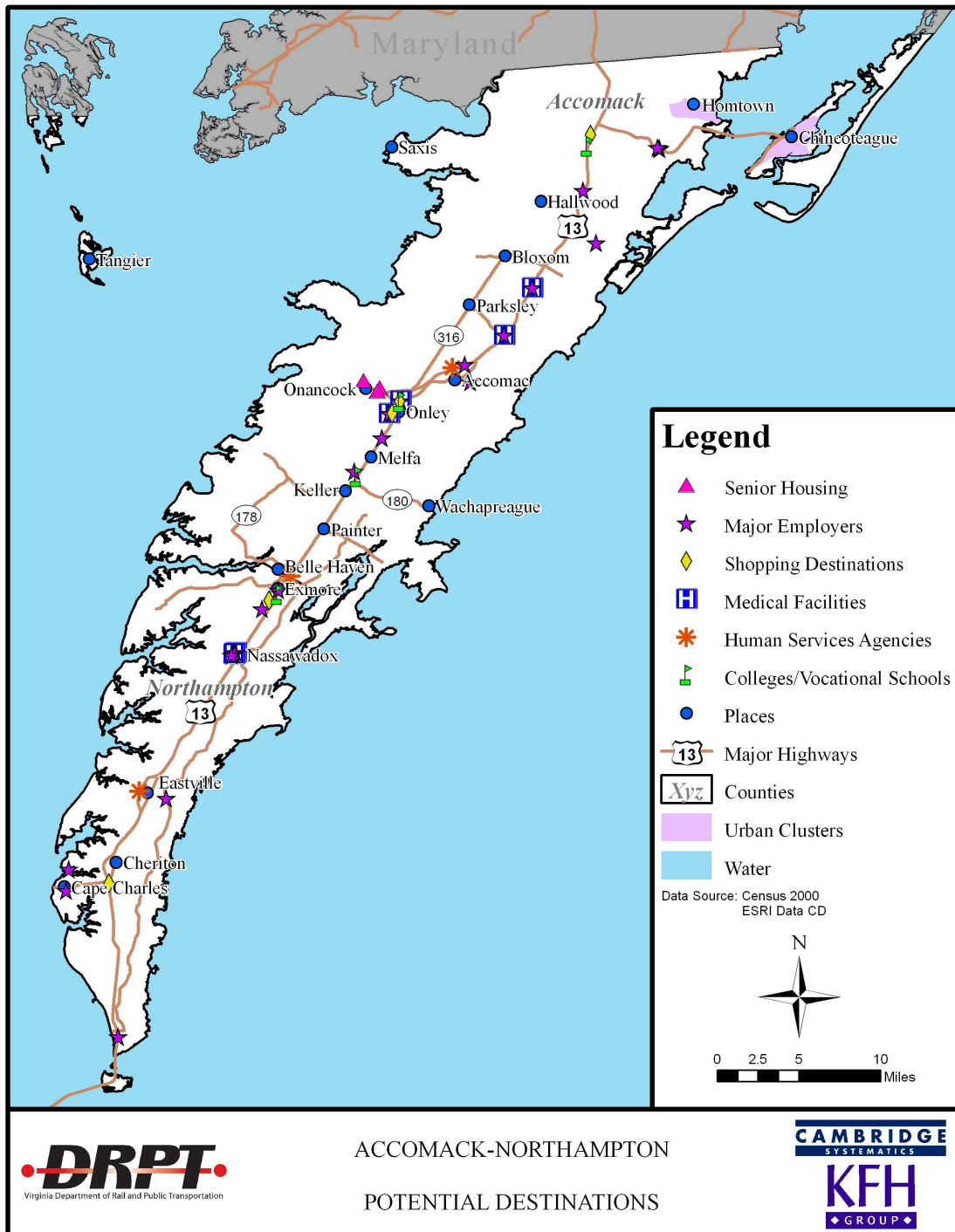


Table 2. Potential Destinations***Accomack-Northampton*****Destinations**

Type	Name	Address	City	County
College/Voc School	Eastern Shore Vocational Center	3462 Main St	Exmore	Northampton
College/Voc School	Eastern Shore Community College	29300 Lankford Hwy	Melfa	Accomack
College/Voc School	Badger Vocational Education Center- South	8210 Lankford Hwy	Oak Hall	Accomack
College/Voc School	Virginia Employment Commission Field Office	25036 Lankford Hwy	Onley	Accomack
Human Services Agency	Accomack Department of Social Services	22554 Center Pky	Accomack	Accomack
Human Services Agency	Eastern Shore Area Agency on Aging - Community Action Agency, Inc. (AAA)	36282 Lankford Hwy	Belle Haven	Accomack
Human Services Agency	Northampton County Department of Social Services (DSS)	16415 Courthouse Rd	Eastville	Northampton
Major Employer	Bayshore Concrete Products Group	1134 Bayshore Rd	Cape Charles	Northampton
Major Employer	Cherrystone Aquafarms	1588 Townfield Dr	Cape Charles	Northampton
Major Employer	Chesapeake Bay Bridge-Tunnel Authority	32386 Lankford Hwy	Cape Charles	Northampton
Major Employer	Zieger & Sons Inc.	7483 Rosebud Ln	Eastville	Northampton
Major Employer	New Ravenna	3268 Broad St	Exmore	Northampton
Major Employer	Tankard Nurseries	502 Lankford Hwy	Exmore	Northampton
Major Employer	Eastern Shore Seafood	13249 Lankford Hwy	Mappsville	Accomack
Major Employer	Bay Beyond Inc.	29368 Atlantic Dr	Melfa	Accomack
Major Employer	Turner Sculpture Ltd.	27316 Lankford Hwy	Melfa	Accomack
Major Employer	Eastern Shore Rural Health System, Inc.	9434 Hospital Ave	Nassawadox	Northampton
Major Employer	J. Franklin Jones Lumber Co.	24387 Joynes Neck Rd	Accomack	Accomack
Major Employer	Perdue Farms	22520 Lankford Hwy	Accomack	Accomack

Accomack-Northampton

Destinations (continued)

Type	Name	Address	City	County
Major Employer	Shore Memorial Hospital	9507 Hospital Ave	Nassawadox	Northampton
Major Employer	Shore Cancer Center	9599 Hospital Ave	Nassawadox	Northampton
Major Employer	Shore Orthopedic Associates	9536 Hospital Ave	Nassawadox	Northampton
Major Employer	Shore Healthcare at Home	25102 Lankford Hwy	Onley	Accomack
Major Employer	Shore Cardiopulmonary Wellness Center	26164 Lankford Hwy	Onley	Accomack
Major Employer	Shore LifeCare at Parksley	26181 Parksley Rd	Parksley	Accomack
Major Employer	Shore Medical Center at Metompkin	27332 Gargantha Landing Rd	Parksley	Accomack
Major Employer	Tyson's Foods	11224 Lankford Hwy	Temperanceville	Accomack
Major Employer	NASA Wallops Flight Facility	Chincoteague Rd	Wallops Island	Accomack
Major Employer	National Oceanic & Atmospheric Administration CDA Station	Chincoteague Rd	Wallops Island	Accomack
Major Employer	U.S. Navy-Surface Combat Systems Center	Chincoteague Rd	Wallops Island	Accomack
Medical Facility	Shore Cancer Center	10085 William F. Bernart Cir	Nassawadox	Northampton
Medical Facility	Shore Memorial Hospital	9507 Hospital Ave	Nassawadox	Northampton
Medical Facility	Shore Orthopedic Associates	9536 Hospital Ave	Nassawadox	Northampton
Medical Facility	Shore Cardiopulmonary Wellness Center	26164 Lankford Hwy	Onley	Accomack
Medical Facility	Shore Healthcare at Home	25379 Lankford Hwy	Onley	Accomack
Medical Facility	Shore LifeCare at Parksley	26181 Parksley Rd	Parksley	Accomack
Medical Facility	Shore Medical Center at Metompkin	17385 Lankford Hwy	Parksley	Accomack
Senior Housing	Accomack Senior Village	4 Boundary Ave	Onancock	Accomack
Senior Housing	GF Horne Assisted Living Community	12 Hartman Ave	Onancock	Accomack

Accomack-Northampton

Destinations (continued)

Type	Name	Address	City	County
Senior Housing	Hermitage on the Eastern Shore	23610 North St	Onancock	Accomack
Shopping Center	Oak Hill Marketplace	7107 Lankford Hwy	Accomack	Accomack
Shopping Center	Cape Charles Plaza	22485 Lankford Hwy	Cape Charles	Northampton
Shopping Center	Shore Plaza Shopping Center	4090 Lankford Hwy	Exmore	Northampton
Shopping Center	Chesapeake Square Shopping Center	25036 Lankford Hwy	Onley	Accomack
Shopping Center	Four Corners Shopping Center	25248 Lankford Hwy	Onley	Accomack

VI. Assessment of Available Transportation Services and Resources

This section of the Plan provides an inventory and rudimentary description of transportation services available in the Accomack-Northampton Planning District Commission (PDC 22) region. In planning for the development of future strategies to address service gaps, it was important to first perform an assessment of current services. The process included identifying all of the public transit, human service transportation, and private transportation services in PDC 22.

The process to identify the various transportation resources available in the region was based on:

- Prior knowledge of transportation services in the region; and
- Collection of basic descriptive and operational data for the various programs.

In the collection of this information, various issues and constraints were evident:

- Fixed routes (where available) cover areas with higher populations densities and major trip destinations, but many people who are transit dependent live in lower density areas with no general public service for these pockets of transit-dependent populations.
- Services generally are available weekdays.
- Demand-responsive service is generally available weekdays only – constrained by capacity and funding.
- Funds for out-of-region travel is confined to Medicaid-eligible customers and for long distance medical trips.
- Agency services are typically available only for agency clients for specific agency-related trips.

To gain a complete picture as to the breadth of transportation services available within PDC 22, an inventory of providers (both traditional and non-traditional) was undertaken during the workshop. This was achieved through a facilitated session where participants were guided through a catalog of questions. Also, a brief, two-page questionnaire was used to assist in the data collection effort, and was distributed at regional workshops. Participants who provide transportation service were

requested to complete the survey and send them back for additional documentation.

Table 3 highlights the inventory of available services by provider as identified at the workshop. In some cases, an agency/provider was recognized as a transportation provider in the region but not in attendance. These providers are listed and their associated information is presented by using other sources, including website information and/or via phone interview.

Table 3. Inventory of Available Services

Agency/ Provider	(1) Client Type	(2) # of Vehicles	(3) Trip Characteristics (Times, Destinations, etc)	(4) # of Trips
a) STAR Transit	General public; they sell tickets to 11 agencies; provide paratransit; connect with Carolina Trailways	(\$ 5311) 14 body-on-chassis vehicles; 2 administrative vehicles (vehicles are 12-passenger, 15-passenger, and 20-passenger; all have wheelchair access)	M-F 6:00am-6:00pm	39,000 annually; ridership has dropped since the closing of Kmart and is unlikely to "come back"
b) Eastern Shore Area Agency on Aging (AAA)-Community Action Agency Inc.	150 Seniors and 256 Head Start kids	(\$ 5310) 5 buses + 2 vans (all buses and 1 van are wheelchair accessible); Head Start has 15 buses 15 buses (20-25 seats each); also 1 cold/hot truck for food delivery. They sell old buses to migrant workers, who use them to get to work	Located in Belle Haven; covers Northampton and Accomack counties. Door-to-door senior trips made to Eastville, Onancock, and Chincoteague nutrition sites; also shopping trips. Head Start service covers 10 locations; service is 3-5 days/week	Only number of participants is known (see "Client Type")
c) Eastern Shore Community Services Board (CSB)	Mental illness; clubhouse; mental retardation day/workshop	(\$ 5310) 21 vehicles (7 are wheelchair accessible); also have 1 back-up vehicle	Serves Accomack and Northampton counties; only cross State lines to go to Pocomoke City (MD) Wal-Mart, to Richmond, and to Tidewater area. Provide door-to-door transport. Fixed-route/ Fixed-schedule M-F; day programs 8:30am-3:30pm; mental health clubhouse program 10am-2:00pm; individual transportation appointments to the mental health clinic; weekend trips for residential programs M-F and on weekends; individual transportation appointments for case management	
d) Social Services*	May provide some limited transport	Staff cars		

e) Bayview Citizens for Social Justice (faith-based, private, not-for-profit 501 (3)c)	Seniors, low-income and youth	Personal vehicles (8 are available); they ask for volunteers since they have no church buses	Meal programs and youth activities; no regular schedule	They feed 250 people weekly at nutrition sites
f) Accomack Parks and Recreation*	Youth	Unknown number of county vehicles/vans	Trips for youth recreational leagues; charter-type trips; sports team trips	
g) Eastern Shore Rural Health*	Low-income adults; Hispanic passengers		Runs 4 fixed routes and 2 demand-responsive routes	
h) Medicaid provider (the Aging program used to have this contract)*				
i) Eastern Shore Center for Independent Living (CIL)*	Persons with disabilities	Rental vans	Workshops, meetings	

* Not present at workshop; only preliminary data available.

Table 4 is a more detailed summary that contains the information collected from the two-page questionnaire. It provides a greater examination on the amount and type of service available within the region. STAR Transit was the only provider to respond with a completed survey.

Further information regarding these providers can be found at their websites, where available:

STAR Transit: <http://www.easternshorevirginiaportal.com/stleftnav.html>

Eastern Shore AAA (Commonwealth of Virginia Campaign profile): http://www.cvc.vipnet.org/cgi-bin/cvc-view.cgi?org_id=1a07112184711709000

Northampton County Social Services:
<http://www.co.northampton.va.us/departments/socialservices.html>

Bayview Citizens for Social Justice (Commonwealth of Virginia Campaign profile): http://www.cvc.vipnet.org/cgi-bin/cvc-view.cgi?org_id=1a061131720492cc700

Accomack Parks and Recreation:
http://www.esva.net/~accomack/parks_home.html

Table 4. Transportation Providers Survey Data

Agency	(1) Type of Organization	(2) # of Individuals Organization Serves	(3) Eligibility Requirements	(4) Geographic Area Served by Program	(5) Geographic Coverage of Transportation	(6) Types of Transportation Services Provided	(7) When Transportation Service is Provided	(8) Type of Trips Provided
a) Star Transit	Public transit provider	General public	None		Accomack and Northampton Counties	Demand- responsive, subscription, deviated fixed-route, fixed route	M-F 6:00am-6:00pm	General public transportation

Agency	(9) # of Passenger Trips Provided	(10) # of Vehicles	(11) Total Transportation Operating Costs	(12) Funding for Transportation	(13) Transport People from other Agencies?	(14) Purchase Transportation Services?	(15) Coordinate Transportation with other Agencies?	(16) Problems in Providing Transportation
a) Star Transit	37,025	11 total (9 are wheelchair accessible; 6 replacement vehicles in next 3 years)	\$391,620		Yes	No	Coordinates with Dept. of Social Services (Accomack and Northampton counties); Accomack County Schools; Department of Rehabilitative Services; Department of Corrections; Eastern Shore Center for Independent Living; Health Dept (Accomack, Northampton County); Eastern Shore Coalition against Domestic Violence; Eastern Shore Rural Health; Town of Chincoteague; Logisticare; No Limits Brain Injury Program; Eastern Shore Community College; Eastern Shore Literacy Council; and Lighthouse Ministries	Dispersed population makes it difficult to reach everyone who may need transportation

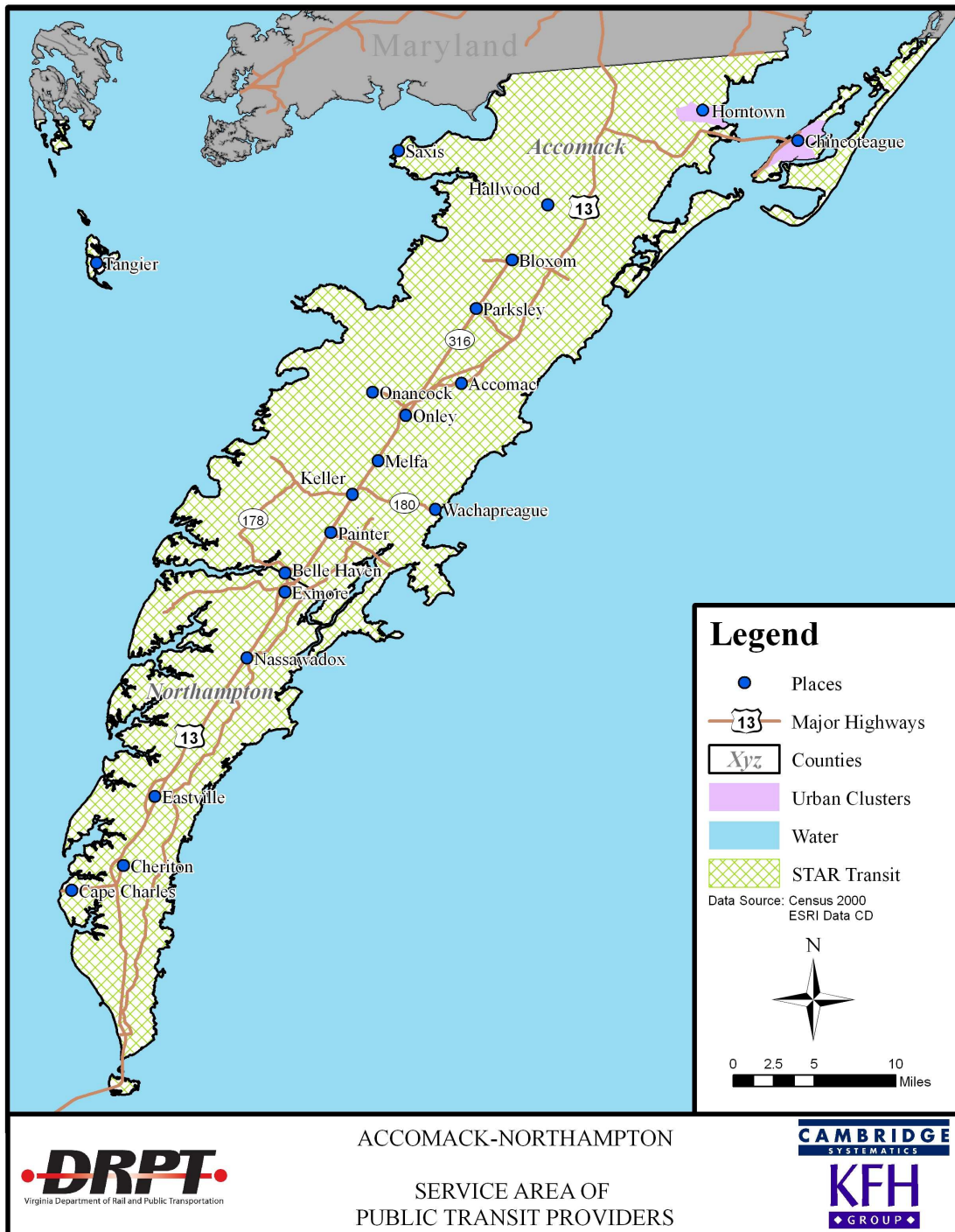
Eastern Shore Rural Health: <http://www.esrh.org/>

Figure 10 portrays the service areas of public transit providers in the PDC. STAR Transit is the only provider that serves the general public. As shown in Figure 10, STAR Transit serves the entire PDC.

Private Transportation Providers

In addition, Carolina Trailways and Greyhound Lines were identified as the main private transportation providers in the region. Both provide intercity bus service with stops in Oak Hall and Exmore, VA three times daily.

Figure 10. Service Area of Public Transit Providers



VII. Assessment of Unmet Transportation Needs and Gaps

Participants from the Melfa workshop that included representatives from the Accomack-Northampton Planning District Commission (PDC 22) provided input on specific unmet transportation needs in the region. This information was gained by focusing on the targeted population groups for the Section 5310, JARC, and New Freedom Programs (older adults, people with disabilities, people with lower incomes) and specific need characteristics (trip purpose, time, place/destination, information/outreach, travel training/orientation, or others).

The vast majority of needs identified by workshop participants were described as “cross-cutting” – a need of all three population groups. Unless otherwise noted, each of the following was identified as a cross-cutting need:

Trip Purpose

- Medical trips (cancer treatment, dialysis) for older adults. Many patients go into Maryland or other areas of Virginia due to the poor quality of care in the region.
- For lower income youth, trips to the Children's Hospital of the King's Daughters in Norfolk and to other medical and dental centers.
- Social activities trips for older adults, as well as youth after school activities such as group trips and educational trips.
- Shopping trips for all groups.
- Work trips for people with lower incomes and people with disabilities (to jobs with non-standard hours, such as the poultry plants).

Time

- Around the clock transportation to the poultry plants, which are a major employment source for migrant workers in the region.
- Need for weekend transportation for all groups (e.g. to accommodate events for older adults, or local Saturday meetings for attendees at the Local Federation for the Blind)

- After-hours transportation, including after school activities for lower income youth.

Information/Outreach

- Mobility manager who contracts service, designs routes, and “gets service going” where it is needed.
- Need for a central clearinghouse for transportation information.
- Rural systems lack resources to conduct market research about their customer base and needs.
- Outreach to churches to provide services has been a slow process; there has been some—but not enough—input from churches to fill in gaps.
- There has been poor public participation in meetings with the main public transit provider—Star Transit.

Travel Training/Orientation

- Customers are not necessarily aware of the transportation alternatives that are available to them; some degree of training is needed to use the resources; otherwise they will give up easily and will not likely make a second attempt.

Other

- Hurdles toward volunteer driver programs still exist, including: administrative costs, fuel costs, liability, availability of volunteers, and accessibility for individuals with disabilities.
- Local match is a problem; localities will not spend additional money or raise funds unless there is a public outcry.
- There is not enough input on service from consumers to affect positive change in service availability.
- Coordination is difficult due to the focus on current operations; lack of resources exacerbates this issue.
- Lack of taxi service in the area is seen as a barrier.

VIII. Identified Strategies

Coupled with the need to identify service gaps is the need to identify corresponding strategies intended to address service deficiencies. Based on the assessment of demographics and potential destinations, and especially the unmet transportation needs obtained from key local stakeholders in the region, a preliminary list of strategies was generated. These “strategies” differ from specific projects in that they may not be fully defined – projects would require an agency sponsor, specific expenditures, etc. The strategies were then presented at the second workshop for input and ownership. The workshop participants endorsed the following strategies, as listed below:

-
1. Expand availability of demand-response and specialized transportation services to provide additional trips for older adults, people with disabilities, and people with lower incomes.
 2. Expand outreach and provide simplified access to information regarding existing transportation options in the region, including establishment of a centralized point of access.
 3. Continue to support and maintain capital needs of coordinated human service/public transportation providers.
 4. Implement new public transportation services or operate existing public transit fixed-route services on more frequent basis.
 5. Provide targeted shuttle services to access employment opportunities, particularly in those in newly developing industrial areas.
 6. Bring new funding partners to public transit/human service transportation.
 7. Build coordination among existing public transportation and human service transportation providers.
 8. Establish a ride-sharing program for long-distance medical transportation.
 9. Establish or expand programs that train customers, human service agency staff, medical facility personnel, and others in the use and availability of transportation services.
-

IX. Priorities for Implementation and Potential Projects

Identification of priorities for implementation was based on feasibility for implementing the specific strategies. All of the strategies discussed during the second workshop that are eligible for funding from Section 5310, 5316, or 5317 programs are considered priorities. Based on this process, nine specific strategies to meet these needs in PDC 22 were identified (as noted in Section VIII) as the priorities and included in the region's CHSM Plan.

These strategies are detailed in this section to include the multiple unmet transportation needs or issues that each address, potential projects that correspond to each strategy, and potential funding sources through the three programs that require the coordinated plan.

While potential projects that could be implemented to fulfill these strategies are included, please note that this list is not comprehensive and other projects that meet the strategy would also be considered.

Strategy: Expand availability of demand-response service and specialized transportation services to provide additional trips for older adults, people with disabilities, and people with lower incomes.

The expansion of current demand-response and specialized transportation services operated in the region is a logical strategy for improving mobility for older adults, people with disabilities, and people with lower incomes. This strategy would meet multiple unmet needs, as listed below. The primary expense for vehicle expansion would be operating costs—including driver salaries, fuel, and vehicle maintenance. Additional vehicles may be necessary for providing same-day transportation services or serving larger geographic areas.

Unmet Needs/Issues Strategy Will Address:

- Medical trips (cancer treatment, dialysis) for older adults. For lower income youth, trips to the Children's Hospital of the King's Daughters in Norfolk and other medical/dental centers.
- Shopping trips for all groups.
- Work trips for people with lower incomes and people with disabilities (to jobs with non-standard hours, such as the poultry plants). After-hours transportation, including after school activities for lower income youth.
- Weekend transportation for all groups (e.g. to accommodate events for older adults, or local Saturday meetings for attendees at the Local Federation for the Blind).

Potential Funding Sources:

- New Freedom
- JARC

Potential Projects:

- Expand current demand-response system to serve non-medical related trips.
- Expand hours and days of current demand response system to meet additional service needs.
- Expand services to dialysis treatment and other medical facilities through current demand response system.

Strategy: Expand outreach and provide simplified access to information regarding existing transportation options in the region, including establishment of a centralized point of access.

A greater emphasis can be placed not only on the coordination of actual services, but also on outreach and information sharing to ensure that people with limited mobility are aware of the transportation services available to them. This strategy presents an opportunity for a mobility manager project whose activities could include the promotion of available transportation services.

Unmet Needs/Issues Strategy Will Address:

- Need for a central clearinghouse for transportation information.
- Rural systems lack resources to conduct market research about their customer base and needs.
- Outreach to churches to provide services has been a slow process; there has been some—but not enough—input from churches to fill in gaps.
- There has been poor public participation in meetings with the main public transit provider—Star Transit.
- There is not enough input on service from consumers to affect positive change in service availability.

Potential Funding Sources:

- New Freedom
- JARC

Potential Projects:

- Mobility manager to facilitate access to transportation services, including:
 - Serving as information clearing- house on available public transit and human services transportation in region.
 - Implementing new or expanded outreach programs that provide potential customers and human service agency staff with information and training in use of current transportation services.
- Implement new or expand outreach programs that provide customers and human service agency staff with training and assistance in use of current transportation services.
- Implement mentor/advocate program to connect current riders with potential customers for training in use of services.
- Implement marketing campaign targeting specific audiences and services.

Strategy: Continue to support and maintain capital needs of coordinated human service/public transportation providers.

To implement strategies to expand mobility options for older adults, people with disabilities, and people with lower incomes in the region, maintaining and building upon the current capital infrastructure is crucial to the community transportation network. This strategy involves appropriate vehicle replacement, vehicle rehabilitation, vehicle equipment improvements, and acquisition of new vehicles to support development of a coordinated transportation system.

Unmet Needs/Issues Strategy Will Address:

- Social activities trips for older adults, as well as youth after school activities such as group trips and educational trips.
- Shopping trips for all groups.
- Work trips for people with lower incomes and people with disabilities (to jobs with non-standard hours, such as the poultry plants).
- Around the clock transportation to the poultry plants, which are a major employment source for migrant workers in the region.
- Need for weekend transportation for all groups (e.g. to accommodate events for older adults, or local Saturday meetings for attendees at the Local Federation for the Blind).
- After-hours transportation, including after school activities for lower income youth.
- Coordination is difficult due to the focus on current operations; lack of resources exacerbates this issue.

Potential Funding Sources:

- Section 5310
- New Freedom
- JARC

Potential Projects:

- Capital expenses to support the provision of coordinated transportation services to meet the special needs of older adults, people with disabilities and people with lower incomes.
- Capital needs to support new mobility management and coordination programs among public transportation providers and human service agencies providing transportation.

Strategy: Implement new public transportation services or operate existing public transit fixed-route services on more frequent basis.

The service hours for public transit are limited in the region. New or expanded services in the evenings and weekends should be considered to expand mobility options in the region, especially to work locations.

Unmet Needs/Issues Strategy Will Address:

- Social activities trips for older adults, as well as youth after school activities such as group trips and educational trips. Shopping trips for all groups.
- Work trips for people with lower incomes and people with disabilities (to jobs with non-standard hours, such as the poultry plants). Around the clock transportation to the poultry plants.
- Weekend transportation for all groups.
- After-hours transportation, including after school activities for lower income youth.

Potential Funding Sources:

- JARC

Potential Projects:

- Increase frequency of public transit services as possible.
- Extend hours of public transit services as possible.

Strategy: Provide targeted shuttle services to access employment opportunities, particularly those in newly developing industrial areas.

Limited transportation services to access employment opportunities could be addressed through the implementation of shuttle services designed around concentrated job centers. Locating a critical mass of workers is the key for this strategy to be effective. This strategy may also provide a mechanism for employer partnerships.

Unmet Needs/Issues Strategy Will Address:

- Work trips for people with lower incomes and people with disabilities (to jobs with non-standard hours, such as the poultry plants).
- Around the clock transportation to the poultry plants as well as other places of employment. Many of these locations are a major employment source for migrant workers in the region.

Potential Funding Sources:

- JARC

Potential Projects:

- Operating assistance to fund specifically-defined, targeted shuttle services.
- Capital assistance to purchase vehicles to provide targeted shuttle services.
- Partnership arrangements with major employers.

Strategy: Bring new funding partners to public transit/human service transportation.

The demand for public transit-human service transportation is constantly growing, and one of the key obstacles the industry faces is how to pay for additional service. This strategy would meet multiple unmet needs and issues by tackling non-traditional sources of funding. Hospitals, supermarkets and retailers who want the business of the region's riders may be willing to pay for part of the cost of transporting these riders to their sites.

Unmet Needs/Issues Strategy Will Address:

- The problem of the local match.
- Shopping trips for all groups.
- Work trips for people with lower incomes and people with disabilities (to jobs with non-standard hours, such as the poultry plants). Around the clock transportation to the poultry plants.
- Need for weekend transportation for all groups.
- After-hours transportation, including after school activities for lower income youth.

Potential Funding Sources:

- JARC

Potential Projects:

- Mobility manager to promote access to transportation services with potential funding partners.
- Employer funding support programs, either directly for services and/or for local share.
- Partnerships with private industry, i.e. retailers and medical centers.

Strategy: Build coordination among existing public transportation and human service transportation providers.

While services in the region are well coordinated through Star Transit, there are opportunities to build upon these successful efforts and improve connections between providers, and expand access both within and outside the region. A mobility management strategy can be employed that provides the support and resources to explore these possibilities and put into action the necessary follow-up activities.

Unmet Needs/Issues Strategy Will Address:

- Mobility manager who contracts service, designs routes, and “gets service going” where it is needed.
- Need for a central clearinghouse for transportation information.
- Medical trips (cancer treatment, dialysis) for older adults. Many patients go into Maryland or other areas of Virginia due to the poor quality of care in the region.
- For lower income youth, trips to the Children’s Hospital of the King’s Daughters in Norfolk and to other medical and dental centers.
- Social activities trips for older adults, as well as youth after school activities such as group trips and educational trips.
- Shopping trips for all groups.
- Work trips for people with lower incomes and people with disabilities (to jobs with non-standard hours, such as the poultry plants).

Unmet Needs/Issues Strategy Will Address (continued):

- Around the clock transportation to the poultry plants, which are a major employment source for migrant workers in the region.
- After-hours transportation, including after school activities for lower income youth.

Potential Funding Sources:

- New Freedom
- JARC

Potential Projects:

- Mobility manager to facilitate greater cooperation between transportation providers, including:
 - Helping establish additional inter-agency agreements for connecting services or sharing rides.
 - Exploring possibilities for sharing maintenance, fuel purchases, purchasing of parts, and other resources.
 - Coordinating schedules among providers to eliminate duplication, make full use of accessible vehicles, etc.
 - Arranging trips for customers as needed.
 - Exploring technologies that simplify access to information on services.
- Implement voucher program through which human service agencies are reimbursed for trips provided for another agency based on pre-determined rates or contractual arrangements.

Strategy: Establish a ride-sharing program for long-distance medical transportation.

This strategy would use this commuter-oriented model as a basis for developing a ride-sharing program for long distance medical trips. A database of potential drivers and riders could be maintained by a central “mobility manager”, who would match the trip needs with available participating drivers. The riders would share the expenses with the drivers on a per-mile basis (i.e, similar to mileage reimbursement). This strategy could be a cost-effective way to provide long-distance medical trips without sending a human service or public transit vehicle out of the region for a day. This strategy could be implemented in conjunction with a broader mobility management program.

Unmet Needs/Issues Strategy Will Address:

- Medical trips (cancer treatment, dialysis) for older adults. Many patients go into Maryland or other areas of Virginia due to the poor quality of care in the region.
- For lower income youth, trips to the Children’s Hospital of the King’s Daughters in Norfolk and to other medical and dental centers.
- Around the clock transportation to the poultry plants and other businesses which are major employment sources for migrant workers in the region.

Potential Funding Sources:

- New Freedom

Potential Projects:

- Development of a ride-share matching database that could be used to effectively match potential drivers with people who need rides.
- Development of volunteer driver program to provide long distance medical trips.

Strategy: Establish or expand programs that train customers, human service agency staff, medical facility personnel, and others in the use and availability of transportation services.

In addition to expanding transportation options in the region, it is important that customers, as well as caseworkers, agency staff, and medical facility personnel that work with older adults, people with disabilities, and people with low incomes, are familiar with available transportation services. Efforts can include travel training programs to help individuals use public transit services, and outreach programs to ensure that those who assist others with their transportation issues are aware of mobility options in the region. In addition, the demand for transportation services to dialysis treatment facilities necessitates the need for a strong dialogue between transportation providers and dialysis locations so that treatment openings and available transportation are considered simultaneously.

Unmet Needs/Issues Strategy Will Address:

- Mobility manager who contracts service, designs routes, and “gets service going” where it is needed.
- Need for a central clearinghouse for transportation information.
- Outreach to churches to provide services has been a slow process; there has been some—but not enough—input from churches to fill in gaps.
- Customers are not necessarily aware of the transportation alternatives that are available to them; some degree of training is needed to use the resources; otherwise they will give up easily and will not likely make a second attempt.

Potential Funding Sources:

- New Freedom
- JARC

Potential Projects:

- Implement new or expand outreach programs that provide customers and human service agency staff with training and assistance in use of current transportation services.
- Implement mentor/advocate program to connect current riders with potential customers for training in use of services.

X. Plan Adoption Process

As noted in Section IV, participants from the regional workshops were involved throughout the planning process, and revised and commented on initial drafts that included the assessment of transportation services, assessment of transportation needs and gaps, and proposed strategies and potential projects. Ultimately, these coordinated planning participants formally discussed and agreed upon the identified strategies in this plan. At the third workshop, they provided a more formal endorsement through a Statement of Participation, which is included in Appendix F.

Additionally, each plan will become a section within the PDC's Regional Rural Long Range Plan (RLRP) which is required by the Virginia Department of Transportation (VDOT). The intent is a regional transportation plan in rural areas that complements those in the metropolitan areas of the state. The development and components of each RLRP will include public outreach and recommendation development, as well as public endorsement and regional adoption.

XI. Ongoing and Future Arrangements for Plan Updates

In addition to developing this coordinated public transit-human services transportation plan that fulfills the FTA requirements, DRPT will be working with the region to develop an ongoing structure to serve as the foundation for future coordinated transportation planning efforts.

Similar to the process for development of the CHSM Plan, this structure will be determined through input with a diverse group of stakeholders that represent transportation, aging, disability, social service and other appropriate organizations in the region, including participants from the three workshops. While formal responsibilities and organizational roles will be determined locally, it is anticipated this structure will:

- Lead updates for the *Coordinated Human Service Mobility Plan* for PDC 22 based on local needs (but at the minimum FTA required cycle);
- Provide input and assist public transit and human service transportation providers in establishing priorities with regard to community transportation services
- Review and discuss coordination strategies in the region and provide recommendations for potential improvements to help expand mobility options in the region.
- Provide input on applications for funding through the Section 5310, JARC, and New Freedom competitive selection process.

Appendix A – Final FTA Guidance on Coordinated Planning Requirements

The following excerpt is from the final guidance from the Federal Transit Administration (FTA) on the Elderly Individuals and Individuals with Disabilities (Section 5310), Job Access Reverse Commute (JARC – Section 5316) and New Freedom (Section 5317) programs. (Effective May 1, 2007)

Final Circulars: http://www.fta.dot.gov/laws/leg_reg_circulars_guidance.html

Final Register Notices: http://www.fta.dot.gov/laws/leg_reg_federal_register.html

COORDINATED PLANNING

1. THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN. Federal transit law, as amended by SAFETEA-LU, requires that projects selected for funding under the Elderly Individuals and Individuals with Disabilities (Section 5310), Job Access and Reverse Commute (JARC), and New Freedom programs be “derived from a locally developed, coordinated public transit-human services transportation plan” and that the plan be “developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by members of the public.” The experiences gained from the efforts of the Federal Interagency Coordinating Council on Access and Mobility (CCAM), and specifically the United We Ride (UWR) Initiative, provide a useful starting point for the development and implementation of the local public transit-human services transportation plan required under the Section 5310, JARC and New Freedom Programs. Many States have established UWR plans that may form a foundation for a coordinated plan that includes the required elements outlined in this chapter and meets the requirements of 49 U.S.C. 5317.
2. DEVELOPMENT OF THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN.
 - a. Overview. A locally developed, coordinated, public transit-human services transportation plan (“coordinated plan”) identifies the transportation needs of individuals with disabilities, older adults, and people with low incomes, provides strategies for meeting those local needs, and prioritizes transportation services for funding and implementation. Local plans may be developed on a local, regional, or statewide level. The decision as to the boundaries of the local planning areas should be made in consultation with the State, designated recipient and the metropolitan planning organization (MPO), where applicable. The agency leading the planning process is decided locally and does not have to be the designated recipient.

In urbanized areas where there are multiple designated recipients, there may be multiple plans and each designated recipient will be responsible for the competitive selection of projects in the designated recipient's area. A coordinated plan should maximize the programs' collective coverage by minimizing duplication of services. Further, a coordinated plan must be developed through a process that includes representatives of public and

private and non-profit transportation and human services transportation providers, and participation by members of the public. Members of the public should include representatives of the targeted population(s) including individuals with disabilities, older adults, and people with low incomes. While the plan is only required in communities seeking funding under one or more of the three specified FTA programs, a coordinated plan should also incorporate activities offered under other programs sponsored by Federal, State, and local agencies to greatly strengthen its impact.

b. Required Elements. Projects competitively selected for funding shall be derived from a coordinated plan that minimally includes the following elements at a level consistent with available resources and the complexity of the local institutional environment:

- (1) An assessment of available services that identifies current transportation providers (public, private, and non-profit);
- (2) An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes. This assessment can be based on the experiences and perceptions of the planning partners or on more sophisticated data collection efforts, and gaps in service (Note: If a community does not intend to seek funding for a particular program (Section 5310, JARC, or New Freedom), then the community is not required to include an assessment of the targeted population in its coordinated plan);
- (3) Strategies, activities and/or projects to address the identified gaps between current services and needs, as well as opportunities to improve efficiencies in service delivery; and
- (4) Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.

Note: FTA will consider plans developed before the issuance of final program circulars to be an acceptable basis for project selection for FY 2007 if they meet minimum criteria. Plans for FY 2007 should include 1) an assessment of available services; 2) an assessment of needs; and 3) strategies to address gaps for target populations; however, FTA recognizes that initial plans may be less complex in one or more of these elements than a plan developed after the local coordinated planning process is more mature. Addendums to existing plans to include these elements will also be sufficient for FY 2007. Plans must be developed in good faith in coordination with appropriate planning partners and with opportunities for public participation.

c. Local Flexibility in the Development of a Local Coordinated Public Transit-Human Services Transportation Plan. The decision for determining which agency has the lead for the development and coordination of the planning process should be made at the State, regional, and local levels. FTA recognizes the importance of local flexibility in developing plans for human service transportation. Therefore, the lead agency for the coordinated planning process may be different from the agency that will serve as the designated

recipient. Further, FTA recognizes that many communities have conducted assessments of transportation needs and resources regarding individuals with disabilities, older adults, and/or people with low incomes. FTA also recognizes that some communities have taken steps to develop a comprehensive, coordinated, human service transportation plan either independently or through United We Ride efforts. FTA supports communities building on existing assessments, plans and action items. As all new Federal requirements must be met, however, communities may need to modify their plans or processes as necessary to meet these requirements. FTA encourages communities to consider inclusion of new partners, new outreach strategies, and new activities related to the targeted programs and populations.

Plans will vary based upon the availability of resources and the existence of populations served under these programs. A rural community may develop its plans based on perceived needs emerging from the collaboration of the planning partners, whereas a large urbanized community may use existing data sources to conduct a more formal analysis to define service gaps and identify strategies for addressing the gaps.

This type of planning is also an eligible activity under three other FTA programs—the Metropolitan Planning (Section 5303), Statewide Planning (Section 5304), and Urbanized Area Formula (Section 5307) programs, all of which may be used to supplement the limited (10 percent) planning and administration funding under this program. Other resources may also be available from other entities to fund coordinated planning activities. All “planning” activities undertaken in urbanized areas, regardless of the funding source, must be included in the Unified Planning Work Program (UPWP) of the applicable MPO.

- d. Tools and Strategies for Developing a Coordinated Plan. States and communities may approach the development of a coordinated plan in different ways. The amount of available time, staff, funding, and other resources should be considered when deciding on specific approaches. The following is a list of potential strategies for consideration.
 - (1) Community planning session. A community may choose to conduct a local planning session with a diverse group of stakeholders in the community. This session would be intended to identify needs based on personal and professional experiences, identify strategies to address the needs, and set priorities based on time, resources, and feasibility for implementation. This process can be done in one meeting or over several sessions with the same group. It is often helpful to identify a facilitator to lead this process. Also, as a means to leverage limited resources and to ensure broad exposure, this could be conducted in cooperation or coordination with the applicable metropolitan or statewide planning process.
 - (2) Self-assessment tool. *The Framework for Action: Building the Fully Coordinated Transportation System*, developed by FTA and available at www.unitedweride.gov, helps stakeholders realize a shared perspective and build a roadmap for moving forward together. The self-assessment tool focuses on a series of core elements that are represented in categories of simple diagnostic questions to help groups in States and communities

assess their progress toward transportation coordination based on standards of excellence. There is also a *Facilitator's Guide* that offers detailed advice on how to choose an existing group or construct an ad hoc group. In addition, it describes how to develop elements of a plan, such as identifying the needs of targeted populations, assessing gaps and duplications in services, and developing strategies to meet needs and coordinate services.

- (3) Focus groups. A community could choose to conduct a series of focus groups within communities that provides opportunity for greater input from a greater number of representatives, including transportation agencies, human service providers, and passengers. This information can be used to inform the needs analysis in the community. Focus groups also create an opportunity to begin an ongoing dialogue with community representatives on key issues, strategies, and plans for implementation.
- (4) Survey. The community may choose to conduct a survey to evaluate the unmet transportation needs within a community and/or available resources. Surveys can be conducted through mail, e-mail, or in-person interviews. Survey design should consider sampling, data collection strategies, analysis, and projected return rates. Surveys should be designed taking accessibility considerations into account, including alternative formats, access to the internet, literacy levels, and limited English proficiency.
- (5) Detailed study and analysis. A community may decide to conduct a complex analysis using inventories, interviews, GIS mapping, and other types of research strategies. A decision to conduct this type of analysis should take into account the amount of time and funding resources available, and communities should consider leveraging State and MPO resources for these undertakings.

3. PARTICIPATION IN THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLANNING PROCESS. Recipients shall certify that the coordinated plan was developed through a process that included representatives of public, private, and non-profit transportation and human services providers, and participation by members of the public. Note that the required participants include not only transportation providers but also providers of human services, and members of the public (e.g., individuals with disabilities, older adults, and individuals with low incomes) who can provide insights into local transportation needs. It is important that stakeholders be included in the development and implementation of the local coordinated public transit-human services transportation plan. A planning process in which stakeholders provide their opinions but have no assurance that those opinions will be considered in the outcome does not meet the requirement of 'participation.' Explicit consideration and response should be provided to public input received during the development of the coordinated plan. Stakeholders should have reasonable opportunities to be actively involved in the decision-making process at key decision points, including, but not limited to, development of the proposed coordinated plan document. The following possible strategies facilitate appropriate inclusion:

- a. Adequate Outreach to Allow for Participation. Outreach strategies and potential participants will vary from area to area. Potential outreach strategies could include notices or flyers in centers of community activity, newspaper or radio announcements, e-mail lists, website postings, and invitation letters to other government agencies, transportation providers, human services providers, and advocacy groups. Conveners should note that not all potential participants have access to the Internet and they should not rely exclusively on electronic communications. It is useful to allow many ways to participate, including in-person testimony, mail, e-mail, and teleconference. Any public meetings regarding the plan should be held in a location and time where accessible transportation services can be made available, and adequately advertised to the general public using techniques such as those listed above. Additionally, interpreters for individuals with hearing impairments and English as a second language and accessible formats (e.g., large print, Braille, electronic versions) should be provided as required by law.
- b. Participants in the Planning Process. Metropolitan and statewide planning under 49 U.S.C. 5303 and 5304 require consultation with an expansive list of stakeholders. There is significant overlap between the lists of stakeholders identified under those provisions (e.g., private providers of transportation, representatives of transit users, and representatives of individuals with disabilities) and the organizations that should be involved in preparation of the coordinated plan.

The projects selected for funding under the Section 5310 , JARC, and New Freedom Programs must be "derived from a locally developed, coordinated public transit-human services transportation plan" that was "developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by members of the public." The requirement for developing the local public transit-human services transportation plan is intended to improve services for people with disabilities, older adults, and individuals with low incomes. Therefore, individuals, groups and organizations representing these target populations should be invited to participate in the coordinated planning process. Consideration should be given to including groups and organizations such as the following in the coordinated planning process if present in the community:

(1) Transportation partners:

- (a) Area transportation planning agencies, including MPOs, Councils of Government (COGs), Rural Planning Organizations (RPOs), Regional Councils, Associations of Governments, State Departments of Transportation, and local governments;
- (b) Public transportation providers (including Americans with Disabilities Act (ADA) paratransit providers and agencies administering the projects funded under FTA urbanized and nonurbanized programs);
- (c) Private transportation providers, including private transportation brokers, taxi operators, van pool providers, school transportation operators, and intercity bus operators;
- (d) Non-profit transportation providers;

- (e) Past or current organizations funded under the JARC, Section 5310, and/or the New Freedom Programs; and
 - (f) Human service agencies funding, operating, and/or providing access to transportation services.
- (2) Passengers and advocates:
- (a) Existing and potential riders, including both general and targeted population passengers (individuals with disabilities, older adults, and people with low incomes);
 - (b) Protection and advocacy organizations;
 - (c) Representatives from independent living centers; and
 - (d) Advocacy organizations working on behalf of targeted populations.
- (3) Human service partners:
- (a) Agencies that administer health, employment, or other support programs for targeted populations. Examples of such agencies include but are not limited to Departments of Social/Human Services, Employment One-Stop Services; Vocational Rehabilitation, Workforce Investment Boards, Medicaid, Community Action Programs (CAP), Agency on Aging (AoA); Developmental Disability Council, Community Services Board;
 - (b) Non-profit human service provider organizations that serve the targeted populations;
 - (c) Job training and placement agencies;
 - (d) Housing agencies;
 - (e) Health care facilities; and
 - (f) Mental health agencies.
- (4) Other:
- (a) Security and emergency management agencies;
 - (b) Tribes and tribal representatives;
 - (c) Economic development organizations;
 - (d) Faith-based and community-based organizations;
 - (e) Representatives of the business community (e.g., employers);
 - (f) Appropriate local or State officials and elected officials;

- (g) School districts; and
- (h) Policy analysts or experts.

Note: Participation in the planning process will not bar providers (public or private) from bidding to provide services identified in the coordinated planning process. This planning process differs from the competitive selection process, and it differs from the development and issuance of a Request for Proposal (RFP) as described in the Common Grant Rule (49 CFR part 18).

- c. Levels of Participation. The suggested list of participants above does not limit participation by other groups, nor require participation by every group listed. Communities will have different types of participants depending on population and size of community, geographic location, and services provided at the local level. It is expected that planning participants will have an active role in the development, adoption, and implementation of the plan. Participation may remain low even though a good faith effort is made by the lead agency to involve passengers, representatives of public, private, and non-profit transportation and human services providers, and others. The lead agency convening the coordinated planning process should document the efforts it utilized, such as those suggested above, to solicit involvement.

In addition, Federal, State, regional, and local policy makers, providers, and advocates should consistently engage in outreach efforts that enhance the coordinated process, because it is important that all stakeholders identify the opportunities that are available in building a coordinated system. To increase participation at the local levels from human service partners, State Department of Transportation offices are encouraged to work with their partner agencies at the State level to provide information to their constituencies about the importance of partnering with human service transportation programs and the opportunities that are available through building a coordinated system.

- d. Adoption of a Plan. As a part of the local coordinated planning process, the lead agency in consultation with participants should identify the process for adoption of the plan. A strategy for adopting the plan could also be included in the designated recipient's Program Management Plan (PMP) further described in Chapter VII.

FTA will not formally review and approve plans. The designated recipient's grant application will document the plan from which each project listed is derived, including the lead agency, the date of adoption of the plan, or other appropriate identifying information. This may be done by citing the section of the plan or page references from which the project is derived.

4. RELATIONSHIP TO OTHER TRANSPORTATION PLANNING PROCESSES.

- a. Relationship Between the Coordinated Planning Process and the Metropolitan and Statewide Transportation Planning Processes. The coordinated plan can either be developed separately from the metropolitan and statewide transportation planning processes and then incorporated into the broader plans, or be developed as a part of the metropolitan and statewide transportation planning processes. If the coordinated plan is not prepared within the broader process, the lead agency for the coordinated plan should

ensure coordination and consistency between the coordinated planning process and metropolitan or statewide planning processes. For example, planning assumptions should not be inconsistent.

Projects identified in the coordinated planning process, and selected for FTA funding through the competitive selection process must be incorporated into both the Transportation Improvement Program (TIP) and Statewide Transportation Improvement Program (STIP) in urbanized areas with populations of 50,000 or more; and incorporated into the STIP for nonurbanized areas under 50,000 in population. In some areas, where the coordinated plan or competitive selection is not completed in a timeframe that coincides with the development of the TIP/STIP, the TIP/STIP amendment processes will need to be utilized to include competitively selected projects in the TIP/STIP before FTA grant award.

The lead agency developing the coordinated plan should communicate with the relevant MPOs or State planning agencies at an early stage in plan development. States with coordination programs may wish to incorporate the needs and strategies identified in local coordinated plans into statewide coordination plans.

Depending upon the structure established by local decision-makers, the coordinated planning process may or may not become an integral part of the metropolitan or statewide transportation planning processes. State and local officials should consider the fundamental differences in scope, time horizon, and level of detail between the coordinated planning process and the metropolitan and statewide transportation planning processes. However, there are important areas of overlap between the planning processes, as well. Areas of overlap represent opportunities for sharing and leveraging resources between the planning processes for such activities as: (1) needs assessments based on the distribution of targeted populations and locations of employment centers, employment-related activities, community services and activities, medical centers, housing and other destinations; (2) inventories of transportation providers/resources, levels of utilization, duplication of service and unused capacity; (3) gap analysis; (4) any eligibility restrictions; and (5) opportunities for increased coordination of transportation services. Local communities may choose the method for developing plans that best fits their needs and circumstances.

- b. Relationship Between the Requirement for Public Participation in the Coordinated Plan and the Requirement for Public Participation in Metropolitan and Statewide Transportation Planning. SAFETEA-LU strengthened the public participation requirements for metropolitan and statewide transportation planning. Title 49 U.S.C. 5303(i)(5) and 5304(f)(3), as amended by SAFETEA-LU, require MPOs and States to engage the public and stakeholder groups in preparing transportation plans, TIPs, and STIPs. "Interested parties" include, among others, affected public agencies, private providers of transportation, representatives of users of public transportation, and representatives of individuals with disabilities.

MPOs and/or States may work with the lead agency developing the coordinated plan to coordinate schedules, agendas, and strategies of the

coordinated planning process with metropolitan and statewide planning in order to minimize additional costs and avoid duplication of efforts. MPOs and States must still provide opportunities for participation when planning for transportation related activities beyond the coordinated public transit-human services transportation plan.

- c. Cycle and Duration of the Coordinated Plan. At a minimum, the coordinated plan should follow the update cycles for metropolitan transportation plans (i.e., four years in air quality nonattainment and maintenance areas and five years in air quality attainment areas). However, communities and States may update the coordinated plan to align with the competitive selection process based on needs identified at the local levels. States, MPOs, designated recipients, and public agencies that administer or operate major modes of transportation should set up a cycle that is conducive to and coordinated with the metropolitan and statewide planning processes, to ensure that selected projects are included in the TIP and STIP, to receive funds in a timely manner.
- d. Role of Transportation Providers that Receive FTA Funding Under the Urbanized and Other Than Urbanized Formula Programs in the Coordinated Planning Process. Recipients of Section 5307 and Section 5311 assistance are the “public transit” in the public transit-human services transportation plan and their participation is assumed and expected. Further, 49 U.S.C. 5307(c)(5) requires that, “Each recipient of a grant shall ensure that the proposed program of projects (POP) provides for the coordination of public transportation services ... with transportation services assisted from other United States Government sources.” In addition, 49 U.S.C. 5311(b)(2)(C)(ii) requires the Secretary of the DOT to determine that a State's Section 5311 projects “provide the maximum feasible coordination of public transportation service ... with transportation service assisted by other Federal sources.” Finally, under the Section 5311 program, States are required to expend 15 percent of the amount available to support intercity bus service. FTA expects the coordinated planning process in rural areas to take into account human service needs that require intercity transportation.

Appendix B – Mobility Management – Eligible Activities and Potential Projects

Supporting new mobility management and coordination programs among public transportation providers and other human service agencies providing transportation is an eligible project through the Federal Transit Administration's (FTA) Section 5317 (New Freedom) and Section 5316 (Job Access and Reverse Commute – JARC) Programs. Mobility management is considered an eligible capital cost. Therefore, the federal share of eligible project costs is 80 percent (as opposed to 50 percent for operating projects).

The following excerpt on mobility management activities is included in the FTA guidance for the New Freedom and JARC Programs:

- (1) Supporting new mobility management and coordination programs among public transportation providers and other human service agencies providing transportation. Mobility management is an eligible capital cost. Mobility management techniques may enhance transportation access for populations beyond those served by one agency or organization within a community. For example, a non-profit agency could receive New Freedom funding to support the administrative costs of sharing services it provides to its own clientele with other individuals with disabilities and coordinate usage of vehicles with other non-profits, but not the operating costs of the service. Mobility management is intended to build coordination among existing public transportation providers and other transportation service providers with the result of expanding the availability of service. Mobility management activities may include:
 - (a) The promotion, enhancement, and facilitation of access to transportation services, including the integration and coordination of services for individuals with disabilities, older adults, and low-income individuals;
 - (b) Support for short term management activities to plan and implement coordinated services;
 - (c) The support of State and local coordination policy bodies and councils;
 - (d) The operation of transportation brokerages to coordinate providers, funding agencies and customers;

- (e) The provision of coordination services, including employer-oriented Transportation Management Organizations' and Human Service Organizations' customer-oriented travel navigator systems and neighborhood travel coordination activities such as coordinating individualized travel training and trip planning activities for customers;
- (f) The development and operation of one-stop transportation traveler call centers to coordinate transportation information on all travel modes and to manage eligibility requirements and arrangements for customers among supporting programs; and
- (g) Operational planning for the acquisition of intelligent transportation technologies to help plan and operate coordinated systems inclusive of Geographic Information Systems (GIS) mapping, Global Positioning System Technology, coordinated vehicle scheduling, dispatching and monitoring technologies as well as technologies to track costs and billing in a coordinated system and single smart customer payment systems (acquisition of technology is also eligible as a stand alone capital expense).

A Mobility Manager can be the centerpiece of an effort to coordinate existing services to maximize efficiency and effectiveness. This entity can be designed to:

- Plan and identify needs and solutions, with an emphasis on work, school and training trips.
- Continue to seek greater efficiencies and reduce duplication through coordination.
- Coordinate and seek public and private funding – including New Freedom, JARC, and sponsorships.
- Coordinate human service transportation with workforce boards, social service agencies, etc.
- Conduct marketing efforts, developing schedules and how to ride guides.
- Serve as One Stop Information Center.
- Function as a rideshare coordinator.
- Develop a mentoring function.

Appendix C – Potential Non-DOT Federal Program Guide

Source – United We Ride website
www.unitedweride.gov/1_691_ENG_HTML.htm

U.S. Department of Agriculture

- [Food and Nutrition Service](#)

U.S. Department of Education

- [Office of Elementary and Secondary Education](#)
- [Office of Innovation and Improvement](#)
- [Office of Special Education and Rehabilitative Services](#)

U.S. Department of the Interior

- [Bureau of Indian Affairs](#)

U.S. Department of Health and Human Services

- [Health Resources and Services Administration](#)
- [Centers for Medicare and Medicaid Services](#)
- [Administration on Aging](#)
- [Substance Abuse and Mental Health Services](#)
- [Administration for Children and Families](#)

U.S. Department of Housing and Urban Development

U.S. Department of Labor

- [Employment Standards Administration](#)
- [Veterans' Employment and Training Service](#)
- [Employment and Training Administration](#)

U.S. Department of Veterans Affairs

- [Veterans Benefits Administration](#)
- [Veterans Health Administration](#)

Appendix D – Workshop Attendees

1st Workshop – PDC 22

Name	Organization	Type	Phone	E-mail
Alison Averette	Eastern Shore Area Agency on Aging Community Agency	AAA	757-442-1652	esaaa@aol.com
Linda Martin Warner	Accomack County DSS	CD	757-787-5707	lmwarner@co.accomack.va.us
Cheryl Davis	Eastern Shore CSB	CSB	757-442-3933	cdaviscsb@yahoo.com
Doreen Capers	Eastern Shore Center for Independent Living	HS	757-414-0100	doreencapers@yahoo.com
Novella James	Bayview Citizens for Social Justice	HS	757-442-4781	novellajames01@peoplepc.com
Peggy Giddens	Bayview Citizens for Social Justice	HS	757-442-2060	n/a
Denise Rogers	Bayview Citizens for Social Justice	HS	757-442-7206	n/a
Mary Ardeleno	Star Transit	PT	665-1994	star124@verizon.net
Jack Hayek	Va. Dept of Rehab Services	SD	804-662-7184	jack.hayek@drs.virginia.gov

'Type' Key:

CD = County Department

CSB = Community Service Board

HS = Human Services

JT = Job Training Center

MTP = Medicare Transportation Provider

PDC = PDC Planning Office

PT = Public Transit

SD = Statewide Department

2nd Workshop – PDC 22

Name	Organization	PDC/County Name	E-mail
Mary Ardolino	Star Transit	ANPDC	Star124@verizon.net
Elaine Meil		ANPDC	emeil@a-npdc.org
Cheryl Davis	Eastern Shore CSB	ANPDC	cdaviscsb@yahoo.com
Alison Averette	ESAAA/CAA		esaaa@aol.com
Nat Bailey	ESCIL		
Robin Sexauer	VA DRS- Eastern Shore; also Staff Liason to DRS ES Disability Svcs		Robin.Sexauer@drs.virginia.gov
Rachel Lockwood	No Limits Brain Injury Day Program	ANPDC	Rlockw1092@aol.com
Abra Jaredo	Eastern Shore Center		
Neil Sherman	DRPT		Neil.sherman@drpt.virginia.gov
Janet Hill	DRPT representative		JWHill414@aol.com

3rd Workshop – PDC 22

Name	Organization	PDC/County	Phone	E-mail
Anna D.	Eastern Shore CIL	Accomack/Northampton	757-414-0100	aaddrjones@galero.ca.va.us
Mary E. Packer	Accomack DSS	Accomack/Northampton	757-787-5500	mep001@eastern.dss.state
Abra Jacobs	Eastern Shore CIL	Accomack/Northampton	757-414-0100	jacas2003@yahoo.com
Mike Leahy	Eastern Shore CSB	ANPDC	757-442-3933	cdavis@escsb.org
Rob Testerman	Accomack County Planning Department	Accomack	757-787-5726	rtesterman@co.accomack.va.us
Jack Hayek	Va. Dept of Rehab Services	Accomack/Northampton	804-662-7184	jack.hayek@drs.virginia.gov
Robin Sexauer	VA DRS- Eastern Shore	Accomack/Northampton	757-787-5821	Robin.Sexauer@drs.virginia.gov
Barbara Schwenk	Accomack-Northampton PDC	Accomack/Northampton	757-787-2936x115	bschwenk@a-npdc.org
Alison Averette	ESAAA/CAA	Accomack/Northampton	787-442-9652	esaaa@aol.com

Appendix E – Demographics of Potentially Transit Dependent Persons

Accomack-Northampton

DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS

Block Group Number	County	Land Area (Square Miles)	Households	Population	Population Density (Persons/SqMi)	Elderly	Mobility Disabled	Below Poverty	Autoless Households
510010000000	Accomack	0.0	0	0	0.0	0	0	0	0
510019901001	Accomack	0.7	913	1,030	1,429.7	313	89	128	65
510019901002	Accomack	3.3	1,226	1,260	380.4	304	121	239	30
510019901003	Accomack	13.3	771	985	74.1	245	28	148	48
510019901004	Accomack	4.0	1,060	1,049	259.1	356	54	36	34
510019902001	Accomack	29.1	2,379	5,577	191.5	829	424	760	180
510019902002	Accomack	17.2	440	993	57.6	141	128	377	39
510019902003	Accomack	42.0	1,037	2,231	53.2	486	134	295	26
510019903001	Accomack	14.3	422	946	66.1	162	45	128	30
510019903002	Accomack	18.8	486	901	47.9	228	54	223	58
510019903003	Accomack	19.6	472	1,057	53.9	201	109	208	22
510019904001	Accomack	14.2	395	1,086	76.3	127	48	380	47
510019904002	Accomack	17.2	593	1,415	82.2	319	142	538	46
510019904003	Accomack	18.6	730	1,942	104.6	401	206	371	33
510019904004	Accomack	25.2	699	1,592	63.1	322	117	256	27
510019905001	Accomack	10.3	328	629	61.2	142	47	102	9
510019905002	Accomack	3.7	603	1,237	330.8	301	107	139	47
510019905003	Accomack	10.4	395	925	88.6	173	119	201	38
510019906001	Accomack	4.1	314	693	168.8	169	57	169	195
510019906002	Accomack	26.8	655	1,219	45.4	407	74	155	49
510019906003	Accomack	1.2	728	1,509	1,261.9	475	149	223	95
510019906004	Accomack	16.0	667	1,250	77.9	330	93	73	20
510019907001	Accomack	7.3	533	1,118	152.5	249	50	200	56
510019907002	Accomack	6.3	350	786	125.5	165	119	106	32
510019907003	Accomack	8.7	319	741	85.2	141	69	158	30
510019907004	Accomack	10.9	512	1,047	95.6	245	55	173	13
510019907005	Accomack	27.2	676	1,339	49.3	359	64	177	40

Accomack-Northampton

DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS

Block Group Number	County	Land Area (Square Miles)	Households	Population	Population Density (Persons/SqMi)	Elderly	Mobility Disabled	Below Poverty	Autoless Households
510019908001	Accomack	20.6	570	975	47.4	254	72	146	38
510019908002	Accomack	51.7	797	1,767	34.2	349	193	429	48
510019908003	Accomack	12.3	480	1,006	82.1	260	128	250	52
511310000000	Northampton	0.0	0	0	0.0	0	0	0	0
511319901001	Northampton	1.6	324	702	441.3	184	74	144	40
511319901002	Northampton	2.7	448	959	358.9	237	96	253	41
511319901003	Northampton	14.2	496	746	52.5	226	32	60	13
511319901004	Northampton	11.1	461	914	82.6	230	108	239	27
511319901005	Northampton	21.1	348	733	34.7	172	70	90	33
511319902001	Northampton	26.8	492	1,020	38.0	250	105	152	32
511319902002	Northampton	17.2	637	1,396	81.2	484	106	252	50
511319902003	Northampton	14.6	470	1,009	69.0	271	134	317	31
511319902004	Northampton	14.2	543	984	69.3	213	98	218	52
511319903001	Northampton	6.4	844	1,337	210.1	386	111	319	159
511319903002	Northampton	28.6	470	954	33.3	273	89	120	36
511319903003	Northampton	40.8	511	1,116	27.3	260	104	204	95
511319903004	Northampton	8.1	503	1,223	151.8	285	172	265	63
		662.6	26,097	51,398	7,296.1	11,924	4,394	9,421	2,119

Appendix F – Statement of Participation

Requested Action

In order to meet the spirit and intent of the SAFETEA-LU legislation and the *Final FTA Guidance on Coordinated Planning Requirements*, workshop participants representing the 21 PDCs are requested to affirm that they have been involved in the coordinated planning process for their region and endorse the output of that involvement, as captured by their local CHSM Plan.

Statement of Participation

As a participant and/or stakeholder in the coordinated planning process in the Commonwealth of Virginia for human service and public transportation, I have been invited to participate and provide input into the CHSM Plan for my region. I acknowledge that this CHSM Plan is a legitimate representation of my region's needs, gaps, strategies, and potential projects that will support future funding applications under the Section 5310, S. 5316, and S. 5317 Programs.

Participating Agency (Please sign your Agency Name only)

- ESAAA/CAA
- Department of Rehabilitative Services
- Accomack-Northampton Planning District Commission
- Accomack County Department of Social Services

